# MEDICINE IN QUEENSLAND

## Part 1: (1824-1894)

[By SIR RAPHAEL CILENTO, Kt., M.D.]

(Delivered before the Royal Historical Society of Queensland at its meeting on Thursday, 27 July 1961.)

The history of medicine in Queensland falls readily into two periods, each approximately as long as the traditional span of life. The **first**, with which alone I propose to deal to-night, is the span from late 1824—the date of the founding of the settlement at Redcliffe and its transfer to Brisbane in 1825—to mid 1894, when the medical men who had come to Queensland to practise their profession were first permitted to form a recognised branch of the British Medical Association, which had its headquarters in London. As Queensland had no University till 1910 and no Medical School until 1937, obviously all medical practitioners in this first period were graduates from other States or from overseas, including later, some Queenslanders who had left Queensland to study, and had returned after gaining their qualifying degrees elsewhere.

The **second** period, from 1893/1894 until now, may be called the period of organised medicine and includes the experiences of four wars—the Boer War, World Wars I and II, and the Korean War—as part of the great social revolution that has followed the stalemate of democracy and ended in another of the convulsive attempts by man to attain what he wistfully describes as the "Welfare State on a global basis."

It may be that this second period—too complex for review to-night—might be an appropriate subject for a paper next year, or to introduce 1963, when this Society will celebrate its Jubilee on its fiftieth anniversary.

To see the 1824-1894 period in its true perspective is, of course, impossible. Though it began only 137 years ago and extends into my own infancy, it is closer in outlook and stage of progress to the last days of

Republican Rome before Caesar and Cicero, than to the present era from Churchill to Khrushchev.

### Contrast of Past and Present

One may gain some idea of it, perhaps, by recalling some of the conditions of everyday life and disease risk at those times, and contrasting them with our own.

Let us consider, for example, the situation among people of our own then dominant race from, say, 1770—when Captain Cook spent 125 days on the east coast of Australia, 100 of them (from 16 May to 23 August) in Queensland or its coastal waters; to, say, 1788, when Governor Phillip and the founding fathers of Australia arrived—the "free": 290 officers, marines, extra hands, women and children; and the "bond": 717 convicts (520 of them men and boys, 197 of them women and teenage girls).

Again, the 16 years of the convict period in Moreton Bay, 1824-1839, obviously are of great significance; and so, also, are those from 1842-1859, when what was then the "northern outpost of New South Wales on the eastern coast of Australia" was stumbling through the early days of its civil status to become, on 10 December 1859, a separate self-governing colony of Queen Victoria named, by the Queen herself, Queensland.

May I preface my remarks further, with some personal particulars that may justify this attempt to interpret to you the viewpoint and experiences of medical men attached to military units occupying a native country still uncontrolled, and, later, that same country in its early stages of civil government and expansion.

It was my fortune to occupy just such positions in a country which passed through very similar periods of penetration and control forty years or so ago. I refer to what became the (mandated) Territory of New Guinea, formerly German New Guinea, and is, at present, part of the hybrid Territory of Papua-New Guinea.

As a late-coming reinforcement to the Australian Naval and Military Expeditionary Force which had captured and occupied German New Guinea in 1914, I was a military medical officer with duties quite similar to those of the early military medical men at the Moreton Bay settlement of 1825-1839. When in 1921 the

German territory passed to Australia, I was already in Malaya, but returned in 1923 and remained till 1928 as Director of Public Health and Quarantine in circumstances not unlike those of the early doctors who had known "Brisbane Town" during its days of military rule and continued with it.

### German New Guinea Forty Years Ago

The circumstances in German New Guinea over forty years ago were in many ways quite comparable with those of Moreton Bay Settlement one hundred and thirty years ago. Both were great land masses with outlying island groups, and only the coastlines were reasonably well known; both were peopled by savages still largely limited by a Stone Age culture, unlettered, living a patriarchal life in isolated tribes and families, cannibals by habit in some areas, and unpredictable as to their friendly or hostile reactions.

Apart from the traders and explorers who, at risk of their lives, ventured up the rivers and through the jungles inland, and the planters precariously established further and further along the shores as time passed, there were few fixed settlements in either land, and those that did exist were dominated by government representatives, who combined the functions of resident magistrate, protector of natives, commissioner of crown lands, mining warden, and maybe half a dozen other responsibilities. Further out, in both areas, squatters or planters in a few strategically located strong points lived a semi-feudal life among their white assistants and coloured labourers (indentured or casual), pending the day when the long arm of the law would include them in the "controlled area" where the *"pax Britannica"* had been imposed—an extension which was considered to be a major function.

### Unproductive Missionary Work in Moreton Bay

There were, however, two important differences: In New Guinea missionaries had consistently laboured for years to encourage and educate the native, with government assistance, towards civilisation and self-sufficiency, generally speaking with excellent results and an appreciative native response. In Queensland in the early days, missionary work among the aborigines was totally unproductive either for civilisation or self-sufficiency, and there was an almost deliberate policy

of extermination which was aided by introduced epidemic diseases, adopted vices and dispersal, together with the destruction of the forests in which the foods of these primitive food-gatherers had been available at subsistence level for thousands of years.

The second great element of difference was in endemic or indigenous diseases, and their control.

It is true that there were, in both lands, traditions of native medicine, limited by the compulsory simplicity of savagery, but surprisingly effective in minor surgery and ornamented by some herbal specifics. Untrained but "practical" laymen and "experienced" women gave rough and ready help, sometimes of surprising efficiency, in everyday ills and in midwifery. A few qualified medical men (generally their own chemists or dispensers) gave what skilled aid was possible, handicapped by distance and the absence of made roads, and often regarding the sea and the rivers as the only effective highways.

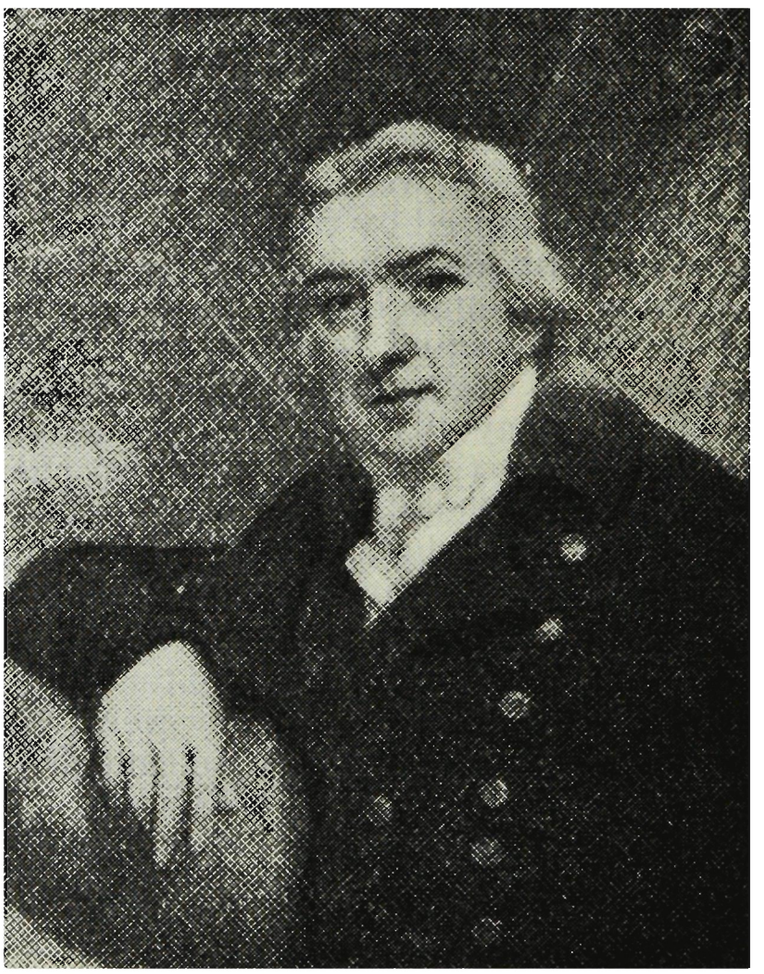
The major difference lay in the extent and severity of local diseases: in New Guinea they were widespread and devastating; in Queensland at the time of the white man's arrival, all records agree that epidemic diseases seemed almost entirely absent. What we have, we brought with us—indeed, we brought some that have since disappeared as well.

## The Ravages of Smallpox

Let us begin, then, with one of these—smallpox—to give both the feeling of those earliest days of settlement in Australia and the state of European knowledge of medicine (though the local reference is to Sydney rather than to Brisbane specifically).

In the period 1761 (200 years ago this year) to 1796 (i.e. eight years after Phillip landed), the **deaths from smallpox in London** alone (and the London of those days we would to-day consider a secondary city) were from 3,000 to 10,000 a year: that is, some 8-25 deaths a day in the aggregate. In 1788 (the year Phillip began his colony of New South Wales) and 1789, Jenner's attempts to win acceptance for vaccination against smallpox (by cowpox) were scornfully rejected by the medical profession; in 1796 the Royal Society refused a paper by him on the subject, and in 1823, the year in which Oxley reported the discoveries that led to the first settlement at Redcliffe, the "Edinburgh Review"

made a most bitter attack on Jenner and his proposals to prevent smallpox. He died a few days later.[1]



EDWARD JENNER
Pioneer of Vaccination

1. **Edward Jenner** (1749-1823), the discoverer of vaccination, was the son of an Anglican clergyman. He was apprenticed, after leaving school, to Mr. Ludlow, an eminent surgeon, at Sodbury, near Bristol. In his 21st year, he went to London to prosecute his professional studies under the celebrated John Hunter, physiologist and surgeon, with whose family he lived for two years. The influence of the master exerted a lasting effect on the pupil, who became an expert anatomist, a sound pathologist, a careful experimenter, and a good naturalist. In 1792, Jenner resolved to confine himself to medicine, and obtained the degree of M.D. from St. Andrew's. The discovery of the prophylactic powers of vaccination, by which the name of Jenner has become immortalised, was the result of a prolonged series of observations and experiments. He was pursuing his professional education in the house of his master at Sodbury, when a young country-woman came to seek advice. The subject of smallpox being mentioned in her presence, she observed 'I cannot take that disease, for I have had cowpox.' This was before 1770. Jenner in subsequent years thoroughly investigated the truth of the traditions regarding cowpox; studied the natural history of cowpox; 'specified the different sorts of diseases which attacked the milkers when they handled infected cows; dwelt upon that variety which afforded protection against small-pox; and with deep and anxious emotion mentioned his hope of being able to propagate that variety from one human being to another, till he had disseminated the practice all over the Globe, to the total extinction of small-pox.' Many investigations delayed the actual discovery for 16 years, when at length the crowning experiment on James Phipps was made on 14 May, 1796.—Ed.

It is little wonder that our first gift to Australia was smallpox. A Sergeant of Marines in the First Fleet wrote in his diary:

> "**Wednesday, 15 April 1789.** I went with a party to cut grasstree for L. Johnstone. found three Nativs under A Rock vis a Man and two Boys (of which one Boy was Dead) the Governor being Acquented with it Ordered the man and Boy to the Hospital under care of the Surgion they having the Smallpox. the Man Died ye next day the Boy continues to get Better."

It spread with great violence among the aboriginals, with tremendous loss of life, ebbing and flowing in epidemic form for fifty years, till it died away into the minor form now called "alastrim" and ultimately disappeared about 1845.

In remote inland districts, explorers for two generations found men whose faces were pitted with the scars of smallpox, suffered as children, but who had never seen a white man until these explorers arrived.

### Situation in the Early Days of Colonisation

In England at the time of first settlement in Australia, disease of all kinds was very prevalent and largely unidentified: dysentery, fatal diarrhoea in children, typhoid and many other fevers, or food- and water-borne diseases were constantly present; "gaol fever," "ship fever" and "camp fever," which (like the "trench fever" of World War I) were all forms of typhus fever, were also ever present; tuberculosis and venereal diseases were very common and quite ineffectively treated; scurvy, rickets and other food deficiencies were so frequent that they were called the "English disease"; there were no controlled reticulated water supplies, so that when cholera was introduced into West Europe from Asia at that early period, it resulted in vast and fatal epidemics (the last in 1892) from pumps and polluted reservoirs used by great numbers of people. Privies were virtually unknown and cesspits were regarded as an obsession of the idle rich; mental defectives either wandered at large, tolerated as "village idiots" if they were harmless, or were chained in lunatic asylums or to logs in outhouses, if they were violent.

Hospitals were very few, very bad, and very costly. There was no registration of medical men in England

till 1858 and charlatanism was rampant and uncontrollable. Until 1859, when Florence Nightingale began her training system, there were no nurses except those of the class of "Sairey Gamp," upon whom Dickens inflicted immortal infamy.

Anaesthetics, antiseptics and disinfectants were first introduced from 1847 and from 1870 onwards; and midwifery hospitals had so grim a reputation for death in childbirth that only destitution (defeating a perverted sense of decorum) forced women into them.

Most surprising of all to us, I think, is the fact that diseases were not known to have separate causes at all—their differences were considered to be due to different "constitutions" of the patients, or to different degrees of "corruption" of the air they breathed. It was only at the very end of the period—in the 'eighties and 'nineties—that germ causes were recognised and reluctantly acknowledged.

### Prejudice Against Tropical Settlement

This then was the situation in the early days of colonisation in Australia and of the Moreton Bay settlement, but there was still another important aspect. The settlement in Australia was only one of those that Great Britain was establishing in all the five continents of the world as she moved almost inevitably towards a world-wide colonial empire. The new settlement was on the verge of the tropics, and experience had shown that tropical settlement was often devastating to health. Even educated people agreed with Willem Bosch, who wrote in 1844:

> "We are absolutely certain about the accuracy of our hypothesis: that to (every section of) mankind is given a particular place by the Lord of Creation which is his Native Land, where all things are so placed as to suit him particularly and thus preserve his Race. He cannot trespass the length and breadth of this Boundary without great damage to his health and danger to his life."

They believed that the white man deteriorated progressively as he approached the equator and got darker as he did so; that as a corollary skin colour was a good guide to intellect and trustworthiness—darkness went with dullness and deceit (!)—and as generalisations, first: that heat, cold, sun-intensity, and the "vapours" or "miasmata" exhaled from the "bowels of the earth," were mighty factors in disease and death; and

secondly: that whatever exotic fruits grew abundantly in strange lands were (next to "climate" and "miasmata") the causes of its particular diseases—and must be avoided at all costs. (The same attitude of mind is seen in some "New Australian" immigrants even to-day, who distrust and refuse papaias, custard apples, mangoes, etc!)

### Conditions in Moreton Bay

The first settlers at Redcliffe on 14 September 1824 were quite in order in expecting epidemic disease to take a heavy toll, and in fact made "fever," mosquitoes, and the hostility of the natives their basis for asking for a transfer within a few weeks of their arrival. In the last week of December it was approved that they should be transferred upstream to the site that had impressed itself on Oxley's recollection on 24 September 1824, as "by no means an ineligible station for a first settlement up the river" in that "fine valley" watered by "a chain of pools," that has now become the area from Turbot Street and the Town Hall to Creek Street and Mary Street, and is the heart of Brisbane. From sawpits established near the present site of the Customs House and on the river bank in front of North Quay at the end of 1824, temporary quarters were erected to permit the transfer to begin at the end of February 1825.

Consider the experience of places like Africa and India, from which some of the officers and men of the first group had come, and note the dates of these references:

> From 1826-1837 at Chinsurah depot (12 miles from Calcutta, India), out of every 1,000 soldiers, there were, on the average, 1,930 admissions to hospital (that is to say, 2 per man) per year; and 73.7 deaths —increased to over 80 per 1,000 by those who died aboard ship returning to or immediately after reaching England. As service in India was permanent, or rather, as three years' leave of absence was granted after 10-15 years of service, by the end of the tenth year less than 200 out of every 1,000 would survive. This was a normal average: in epidemic years or on "bad" stations, the figures were almost incredible. In Sierra Leone, West Africa, for example, every soldier was in hospital three times a year, and nearly 500 out of every 1,000 died. In 1825 and 1826, during

terrible epidemics, three-quarters of the whole force died.

It was not surprising, therefore, that those who knew of the deadly toll disease took of newly-arrived immigrants to tropical and subtropical lands, set up a hospital, at first under canvas, as one of the earliest aid posts at Edenglassie, as Brisbane was called for a time.

There is a considerable amount of incidental material available (scattered through many publications) about the medical men and the conditions of the military or convict period, and the late Dr. E. Sandford Jackson collected many references and published them in the **"Medical Journal of Australia"** under the title **"Historical Notes from the records in the Brisbane Hospital 1825-50"** (24 June 1922) and ditto 1850-1870 (25 June 1923).

The first medical officer recorded is Dr. Henry Cowper, from whom Cooper's Plains are named — "Cowper" was pronounced "Cooper." He was not only the first recorded surgeon of the convict era here, he was also the first medical student and the second man to graduate in medicine in Australia. In 1814, at the age of 14 (the youngest recorded), he was apprenticed to the celebrated Dr. Wm. Redfern of Sydney.[2] By 1817 he was "Assistant" and by 1820 "Assistant Surgeon." He then proceeded to England where he gained his M.R.C.S. and took over in Moreton Bay in early 1826 (with Captain Logan?). He remained in charge till 1832/3, with Assistant Surgeon Murray as junior, and later, successor.

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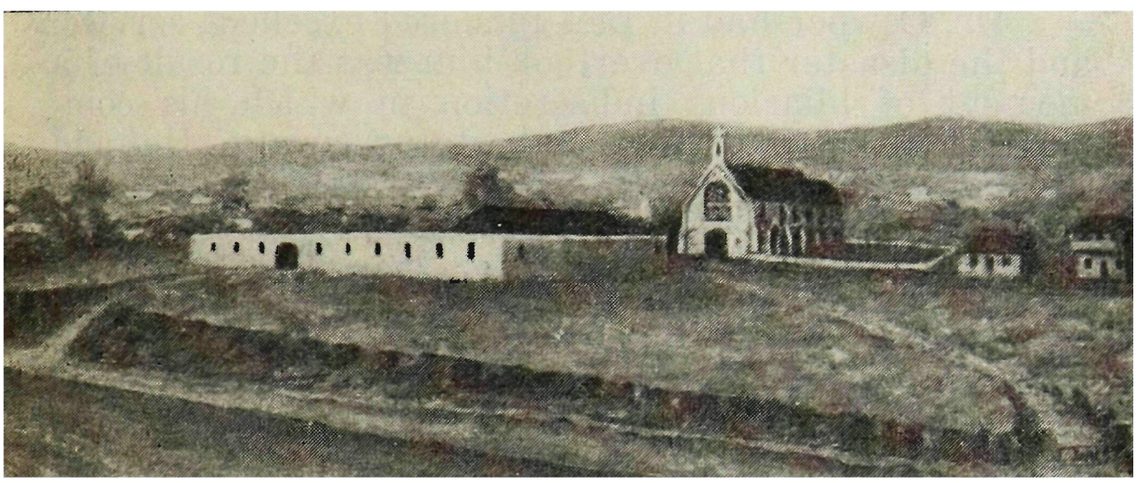
2. **William Redfern** (178-1833), had been commissioned in the British Navy as an assistant surgeon. He was present in **H.M.S. Standard** at the Mutiny of the Nore. He was accused of having encouraged the crew of his ship to take part in that mutiny by urging them to be "more among themselves," and was court-martialled and sentenced to death. Because of his youth the sentence was commuted to one of transportation for life. There is no doubt that Redfern was implicated in the mutiny, purely because of his humanitarian motives. Conditions in the Navy were then little short of appalling. After spending four years in an English prison, Redfern was transported to New South Wales in 1801, "at his own request." In 1802, he was sent to Norfolk Island as assistant surgeon. Because of his work there he was granted conditional emancipation by the Lieutenant-Governor, Col. Foveaux, and in June 1803, Governor King gave him a free pardon. He subsequently became assistant surgeon at the hospital on Dawes Point (erected in 1796 on the site of the first (1788) hospital in Sydney), and when a new hospital was built (by Governor Macquarie) Redfern was placed in charge. He established an extensive private practice in Sydney and was physician to both Governor Bligh and Governor Macquarie. His services were sought by people in all classes of society, from the Governor and leading families down to the paupers whom he attended without fee. In 1814 he wrote a report on the circumstances in which numbers of convicts had died during the voyage of three ships to Australia. Conditions in convict ships were improved as the result of his recommendations, and the mortality rate declined. This report has been described as one of the major Australian contributions to public health.—Ed.

His period of service ended disastrously through what began as a prank of the sort dear to the heart of the medical student of all times. Returning from Sydney, where he had been called to give evidence in a court case, Surgeon Cowper took Richards, the master of the "Governor Phillip," up to the hospital and some time during a lively evening, it was suggested that a jorum of rum should be taken to the Female Factory (standing where the Parcels Office of the



(Old St. Stephen's in background).
Old "Female Factory" on site of present rear block of G.P.O. (Elizabeth Street).

G.P.O. now stands fronting Elizabeth Street) and should be doled out to the convict women there. As a result, however, several became intoxicated almost at once and from their antics and language an uproar arose that defied Cowper's efforts at control and attracted official attention. Later in 1832 the Governor instructed the Commandant (Major Clunie) to dismiss Cowper, Richards, the hospital clerk (Wm. B. Halden) and Constable Denis Creedon; and to return to duty with his regiment at Sydney Private Blunt (17th Reg.), the husband of the matron of the Factory. As she herself had had no part in the wild affair, she was to be offered her choice of staying on or returning with her husband. A/Surg. Murray was to take over, until A/Surg. James McIntyre of Pt. Macquarie came to replace A/Surg. Cowper. On 8 February 1833 the Governor approved Clunie's permitting Cowper's return to Sydney without waiting for the arrival of his relief (McIntyre), "it appearing by your report that Mr. Murray can easily perform the whole of the medical duties at Moreton Bay," and a month later, Clunie was advised that it "is not now intended to fill the vacancy" —Murray was to continue.

On 18 April 1835, probably owing to Murray ceasing duty in that post, the question of replacement again arose. McIntyre of Pt. Macquarie, who had been posted to Moreton Bay, was evidently unwilling or unable to come and was "found to be so ill as to render it necessary for Mr. Robertson (Dr. Kinnear Robertson) to take charge of his duties and . . . . some reason to fear he is to remain there (Pt. Macquarie) and proceed by a future opportunity to Moreton Bay." I have found no record that he ever did.

Dr. Cowper had in fact rendered excellent service, and the disaster that overtook him was the result of a moment of hilarious indiscretion in which his companions swept his post and status away. He and Richards were penalised not for what they did, but because, as senior officers, they did not stop the riot before it got out of hand.

It was Dr. Cowper who led the party of soldiers and convicts who discovered the body of Captain Patrick Logan, who was murdered by convicts or blacks, or both, in October 1830; and Dr. Murray was instructed to accompany Logan's widow to Sydney shortly afterwards as she was "in a delicate state of health," and as the health of the Moreton Bay settlement was reported to be "greatly improved recently." This is interesting in view of actual figures and also because of the recommendation of Governor R. Darling,

Ra. Darling

GOVERNOR.

GOVERNOR ROY DARLING

who was strongly in favour of abandoning Brisbane and establishing a new settlement on Moreton Bay. (The first four Governors were all Navy men and believed settlements should be on the sea coast, not, as was the case with Brisbane, up a "dangerous shoal-strewn river"; Darling also emphasised the "very unhealthy nature" of the place.)

In passing, it may be mentioned that an order of Governor Darling throws some light on the varied nature of the routine duties of a medical officer at Moreton Bay, as well as on one brutal aspect of those convict days. He ruled:

> "No number of lashes beyond 25 should be inflicted without the actual presence of a medical officer, who is to be answerable that no greater number of lashes shall be inflicted than the bodily strength of the offender can bear without endangering life."

I have myself held positions where the same grim rule was still in operation, and so probably has every elderly officer formerly attached to a prison.

### The Dangerous Diseases

The dangerous diseases at Moreton Bay were, in the early years, dysentery, ophthalmia, and intermittent fever, and the admissions to hospital were sufficiently striking. From December 1827 to December 1828, 956 cases were admitted to the hospital of brick and timber that had been built on the present site of the Supreme Court (George and Ann Streets, North Quay) to replace the tented aid post. Of these, representing, it would seem, at least one admission per man for the year, 231 were cases of ophthalmia, 27 were "intermittent fever" (possibly relapse attacks of malaria), and 161 (of whom none died) were labelled "**febris**," which, like "P.U.O." in World War I, was "pyrexia (fever) of unknown origin." In October 1832 the population of the Settlement was 983 (858 men, 59 women and 66 children), of whom 782 were prisoners, the remainder (201), excluding children, being chiefly officers and men of the 17th Regiment. For the whole year there were 1,125 cases treated in hospital. Of these, 665 were cases of "intermittent fever," of whom four died. In January alone, the period when relapse attacks of malaria are usually at their peak if they occur in this country, one-fifth of all these cases (127) occurred, coming from Brisbane Town itself and from Eagle Farm, where, at that time, there was an outpost

prison four miles from Brisbane, on a swampy site near the river. (In 1836 it housed some 40 women convicts.)

The fact that conditions did improve, however, is confirmed by a report which was made by Lt. Breton in 1833, who quotes the medical officer of the time (Dr. Cowper) as follows:

> "I am, however, far from thinking our present place of abode unhealthy, although fever and ague have of late been rather prevalent; but these were not known when first I came here and probably will not always continue to annoy us; it is strange that during the last very hot weather (Jan. 1832) when these complaints were most prevalent, the soldiers suffered more than the convicts." (Of course they did: they suffered relapse attacks from infections in other tropical areas of service like India: the convicts had never been there.—R.W.C.)

Meanwhile, in 1836, a reference to the rescue of Mrs. Fraser and other survivors of the wreck of the **"Stirling Castle"** introduces us to Dr. K. Robertson (erroneously called "Dr. C. Robinson") in some of the narratives of the time. He is probably the doctor mentioned also at Easter that year by Rev. James Backhouse.[3] In his diary notes Backhouse wrote (8 Apl. 1836):

> "We visited the hospital which is in a dilapidated state. There being some prospect of opening this fine country to settlers and the penal establishment being consequently reduced, many of the buildings have been suffered to get a little out of repair. The prevailing diseases here are **ophthalmia, chronic rheumatism** and **dysentery**: formerly **ague** (i.e. malaria) was frequent but it has rarely occurred since the prisoners were properly fed and lodged. The surgeon is an intelligent man who has paid great attention to the anatomy of the curious tribe of animals that inhabit this part of the world and which, in Australia generally, with the exception of the native dog and a

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3. **James Backhouse** (1794-1869), missionary had been admitted as a minister to the Society of Friends in 1824, and in September 1831, he, with G. W. Walker, sailed for Australia on a mission to convicts and settlers—the first mission to Australia undertaken by Quakers. Walker and Backhouse reached Hobart in February 1832, and then spent nearly six years travelling and preaching throughout the settled districts of Tasmania, and New South Wales, including the penal settlements at Moreton Bay and Norfolk Island. Blackhouse's book, **A Narrative of a Visit to the Australian Colonies** (1843) contains much interesting information about the aborigines, the convicts, the social conditions of the time, and the botany of Australia.

few others, are marsupial. **They rear their young from a very minute size in pouches . . . .**"

This accurate observation (presumably made by Dr. K. Robertson) was forgotten and the question of the birth of the baby kangaroo and the time of its appearance in the marsupial pouch and so on, were matters of dispute a century or more later.

## Traditional Medical Views

Dr. Robertson definitely figures in another incident which shows that he was well versed in the traditional medicine of his day and time. J. Baxter, the second mate of the **"Stirling Castle"** and several others, brought in half starved, were lodged in the military section of the hospital, and put on fluid diet, Dr. Robertson telling them that animal food after their period of famine and exposure, would be fatal. That night, the woman acting as nurse, brought in a great piece of corned beef and a big pot of cabbage and put them in a safe in the next room. She had hardly gone, locking the connecting door, when the ship's boy was hoisted through the fanlight above it, and a tremendous feast disposed of the corned beef and cabbage with no ill-effects—in fact, with the complete and happy torpor that follows repletion! Next day, the nurse begged them to say nothing of the theft in case she was punished for making their fault in diet possible. When the doctor next came they begged him again for animal food, but he kindly but firmly refused, saying that a moment's gratification would spell death. Baxter took leave to doubt this, whereupon the doctor asked him sharply how he presumed to question his specialised knowledge of medicine. Baxter, having first extracted a promise that no-one would suffer, then told the story and, to his credit, Dr. Robertson, after a moment of strained silence, roared with laughter and promptly promoted them to a meat ration!

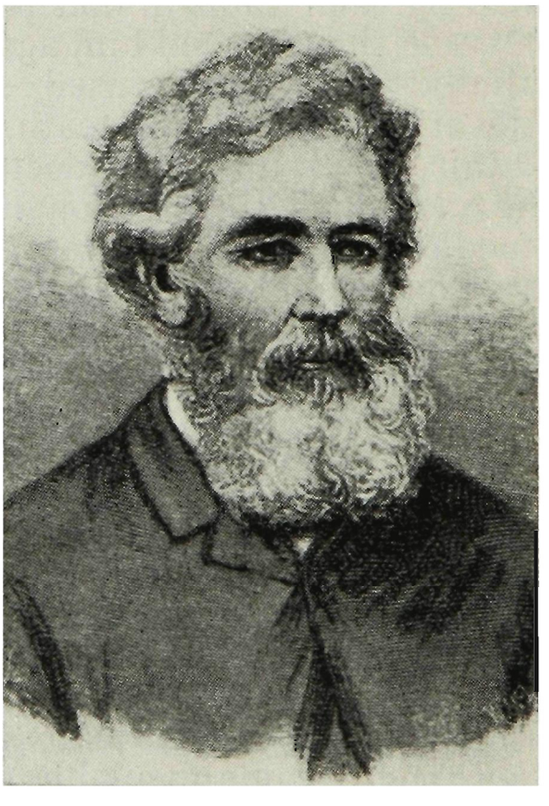
(Incidentally, we have forgotten the need there was for caution in the case of starvation, since famine has ceased to figure in hospital statistics in England for a couple of centuries. At Belsen in Germany in 1945, on liberation, a number of sudden deaths occurred among the famished prisoners who, after enduring for months a starvation diet that barely kept them alive and rendered them almost sub-human, gorged themselves as soon as food became available.)

It may be noted that Mrs. Robertson occupied the

medical quarters at the hospital with her husband, and she accompanied Mrs. Fraser on the first stage of her trip down-river to join the revenue cutter **"Prince George"** that took her back to Sydney in October, 1836.

In late 1837 Dr. Kinnear Robertson was instructed to proceed to Sydney to give evidence in a case of rape (**R.** v. **Peter Wimberley**) set down down for 1 November 1837, and the Commandant begged his departure be postponed until a replacement could be sent as he was the sole medical man at Moreton Bay. In any case on 1 December 1837 he was posted to Sydney as A/Surgeon (at a salary of £237/5/- per annum, an increase on his salary on joining the service on 1 July 1831 at £183 p.a.). He remained there till he was posted to Paramatta and succeeded in Sydney by Dr. Harnett on 19 February 1839.

In 1837 Major Cotton of 28th Regiment took over as Commandant at Moreton Bay, and with him came Dr. Alexander of the same unit on temporary duty. Andrew Petrie had been appointed Foreman of Works (under protest from Major Clunie, who said he was unnecessary, but was over-ruled) and arrived at that period by the **"James Watt,"** the first steam vessel to reach Amity Point. He was soon established opposite the saw-pits on the river, at what is now the corner of



ANDREW PETRIE

Wharf, Eagle and Queen Streets, Petrie Bight. These three, an orderly and a convict servant visited Ipswich by boat early in 1838 and determined to return overland (18 miles as the crow flies). They reached Redbank, where there was a tiny outpost, successfully, and then, after some wandering, found the camp established at Canoe Creek (Oxley Creek), now in the suburbs of Brisbane. Making east they went south of Stone's Corner (then non-existent) far beyond Brisbane, and, after wandering for three days, ultimately blundered on to the river again near Lytton, which Petrie had espied from a hill now called Mt. Petrie—nearby is Mt. Cotton. (In passing it may be recalled that Lieut. George Gravatt, who succeeded Major Cotton next year, has left his name at Mt. Gravatt.) Brisbane Town had quite expected that Cotton, Alexander and Petrie had all suffered the same fate as Captain Logan in 1830.

### The Dawn of Free Settlement

Dr. Alexander left after a few months and Dr. David Keith Ballow, who had been appointed to the service as Assistant Surgeon on 1 August 1836, and posted to Brisbane officially on 1 December 1837, and up duty at Moreton Bay in March 1838, at a salary of £136/7/6 p.a. He was the last of the surgeons of the convict period: indeed he outstayed it by over 10 years when the changeover came, and remained until his death on duty in September 1850 (**vide infra**). He was warned for return to Sydney at the closing of the convict establishment, but elected to resign and to stay.

On 1 July 1839, the last of the Commandants, Lt. Owen Gorman, wrote to Governor Gipps:

> "The whole of the women, fifty-seven in number, have been withdrawn and the male convicts reduced to ninety-four—a number which will be barely sufficient for the custody and protection of the property of the home Government, particularly of the flocks and herds, which cannot be advantageously disposed of, until the country shall be opened to settlers."

Finalisation was slow and it was not until 15 February 1842 that Governor Gipps issued the order that henceforth "all settlers and other free persons shall be at liberty to proceed thither in like manner as to any other part of the Colony" (of New South Wales as it then was). People poured into the country, a number of doctors among them; some, indeed, had

"beaten the gun" and, like the Leslies, had, from 1840 on, already established themselves on the Darling Downs, the Logan area, and up along the Brisbane River as far as exploration had proceeded.

When Gorman handed over the following month, it was to Dr. Stephen Simpson, a medical man newly appointed to be Acting Police Magistrate and first Commissioner for Crown Lands at Brisbane, that he transferred his authority. (Capt. J. C. Wickham succeeded Simpson as Police Magistrate in November 1842.)

CAPTAIN J. C. WICKHAM, R.N.

With this devolution of powers, the military and convict period in Brisbane of some 17½ years (September 1824-March 1842) was officially ended. It had been as stereotyped and sterile as such regimes usually are. It was followed by a comparable period of free settlement (March 1842-December 1859) in which Brisbane shared with Ipswich — the squatter's capital — the colourful atmosphere of a frontier town.

## The Second 17½ Years Period

The medical men of this second period were among its most picturesque figures.

Medical men have always shown a lively interest in exploration and enquiry—not restricted to the human

outline or interior!—and a strong tendency to lay down rules for human conduct that invade the fields of civics and politics.

DR. WILLIAM DAMPIER

Dr. W. Dampier, the first British explorer, who combined medicine and piracy (sarcastic critics have said that this is not entirely unknown even at the present day!), discovered part of the north-west coast of Australia in 1688 (and Dampier Strait separating New Britain from New Guinea), precisely a century before Governor Phillip arrived at Botany Bay; it was young Dr. Monkhouse who saved Capt. Cook's vessel, the **"Endeavour,"** by supervising the "fothering" of it, when it ran aground on the reef. Cook in gratitude named a headland below Cooktown, Pt. Monkhouse. The explorations of Dr. George Bass with Flinders in 1798 established the fact that Tasmania was an island; and doctors were now to prove no less enterprising in every sort of field in the Moreton Bay district of "New South Wales."

Incidentally, it may be mentioned that Flinders—the discoverer of Moreton Bay, and the first man to make a foot-journey of discovery in South Queensland when he visited the Glasshouses in 1799—was the son, grandson, and great-grandson of doctors, marked out to follow in their footsteps but, instead, inspired to follow the sea, by reading Daniel Defoe's work **"Robinson Crusoe."** (B. C. Cohen, **"Medical Journal of Australia,"** 13 June 1953, p. 844.)

Dr. S. Simpson, for example, aided by Rev. Eipper[4] of "German Station" (Nundah), on 10 March 1843 made a remarkable journey from Brisbane to Mt. Brisbane, to what is now Kilcoy; to Durundur (now Woodford); and crossing the precipitous Conondale Range and the Great Divide, ultimately reached Eales' holding at Tiaro, near Maryborough, and, from there, the Mary River and the boat **"Edward"** which was moored there —the first boat after that of the original discoverers, to come up that river.

Dr. Simpson had been attached to the 14th Light Dragoons, and had once been adviser in Europe to the family of a titled Russian. He wrote a book on homoeopathic medicine, which brought him into conflict with the leaders of the medical world of his day, and caused him to be ostracised. Dr. E. Sandford Jackson said that Dr. Simpson was engaged to be married for 20 years but was not in a position to marry; when he was, his wife died within a year. He brought to Australia letters of introduction to the Governor and was appointed to the distant outpost of Moreton Bay as mentioned above. Part of his duty was originally to attend female prisoners at Eagle Farm (now Hamilton area) and his first residence, Stuart Russell says, was in that locality close to the river. Later he lived at Redbank with his friend W. H. Wiseman, who still later, was Police Magistrate at Rockhampton. Simpson finally removed to Woolston Creek, a mile below Woogaroo, near what is now Wacol, and lived at **"Wolston"** there. The house was afterwards owned by Matthew Goggs, grandfather of the late Dr. Chas. Lilley. From the map of 1844 we learn that Simpson's town office was on the east side of the creek that formerly ran into the river west of the present site of the Customs House. (Jackson reminds us that Tom Petrie recalled that, as a small boy, he saw

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4. **Rev. Christopher Eipper.** See p. 521. **The Nundah Missionaries** By W. N. Gunson, M.A., Ph.D. **Journal R.H.S.Q.**, Vol. vi, No. 3, 1960-61

Simpson smoking a **hookah**, the tube passing out through a hole in the boarded wall. As Commissioner of Crown Lands he took to cigars, the **hookah** "not being mobile enough, no doubt, for use in an office.") He was a fierce-looking old man at that time, but his reputation has come down to us as generous-hearted and beloved by the general public.

Following the closing of the Penal Settlement, the hospital on the Supreme Court site was also closed, but after a time (during which it served as a migration centre and for various other purposes) it was reopened as a hospital and in 1848 a Board of Trustees was established. This comprised Dr. S. Simpson, C.C.L.; Dr. D. Keith Ballow, J.P.; Wm. Pickering; John Richardson; and George Spottiswoode le Breton.

(Dr. Simpson was called to the Upper House on its establishment on 22 May 1860, and so was one of our first Members of the Legislative Council. Ultimately he died in London on 11 March 1869.)

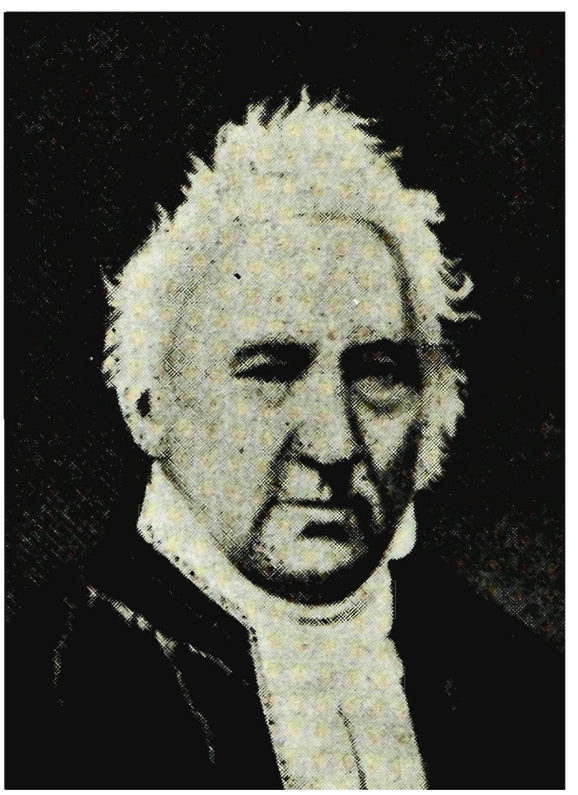
Simpson had been preceded by Dr. D. Keith Ballow, who, as mentioned above, assumed office at the Brisbane Military Hospital in 1838, and was the author of its records from that time to his death in 1850. Ballow, who had severed his connection with the Army, became our first private practitioner with the closing of the Penal Establishment in 1839 (though some of the military personnel remained on army allocation until 23 May 1849). There are three incidents well worth recording in his civilian life.

## Relic of Bad Old Days

The first is one which was a relic of the bad old days (which persisted for many years) when admission to the hospital was strictly restricted to paying patients. On 11 September 1847 three men, J. Smith, Wm. Waller and Wm. Boller, were cutting wood at a sawpit near the North Pine—then just being opened by the Joyners at Samsonvale, and by Capt. Griffin at Whiteside. The blacks were numerous, and murderously aggressive. A sudden attack while they were in the sawpit resulted in the death of Waller, the clubbing of Smith (who, however, recovered), and the escape of Boller clinging to a horse but pierced by five spears. He reached the hospital and the rest is best told in the words of J. J. Knight in his book entitled **"In the Early Days"** (1895). He says indignantly:

"How many old residents can call to mind the

shameful conduct of the Government officials who, because a man, dying though he was, could not give a guarantee for the payment of the cost of his treatment, refused him admission and left him outside until a Good Samaritan came along and promised to pay all dues,"



REV. DR. JOHN DUNMORE LANG

and he not only met these claims, but defrayed poor Boller's funeral expenses as well.

It was not Ballow's fault—he was as much a victim of the iniquitous system of those days as Boller was; but for decades when, later, paupers were admitted, their beds were marked by a coarse red blanket and no counterpane, blazoning their pauper status to all the world.

The **second** incident relates to the arrival on 20 January 1849 of the **"Fortitude,"** the first of the vessels sent out with immigrants by the Rev. Dr. John Dunmore Lang.[5] It was known in advance of her arrival that there was some controversy between Lang, Earl Grey, and the English Land and Emigration authorities regarding these immigrants and their "land orders."

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5. See Papers on **Rev. Dr. John Dunmore Lang** by C. G. Austin, A.A.S.A., A.C.A.A., A. A. Jordan, and Arthur Laurie **R.H.S.Q. Special Centenary Journal,** Vol. vi, No. 1, pp. 236-246.

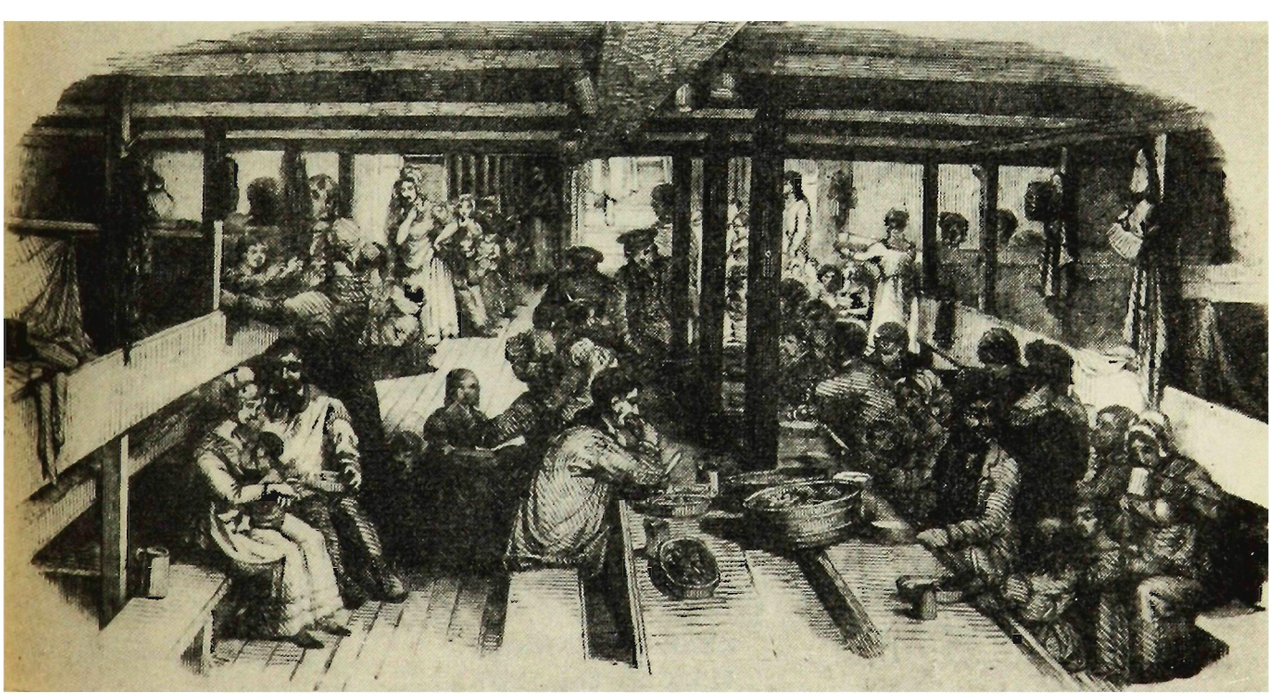
## The "Fortitude" Quarantine

Capt. J. C. Wickham, the Police Magistrate, and Dr. Ballow realised the delicacy of the situation and the value of delay until the will of the Governor in Sydney could be ascertained. In those days it was simplicity itself to find an excuse for quarantining any vessel—"ship fever" (typhus) was almost always present—and as there had been a few cases (far below the usual average) during the voyage of the **"Fortitude,"** she was ordered into quarantine.

When the Governor's orders came, they were devastating: the land orders were to be ignored or repudiated, and the immigrants themselves were to be refused assistance and admission to the town, and thrust out beyond Boundary Street, the edge of the official settlement. They established themselves from a point near the blacks' camps and fighting ground at York Hollow (the present Exhibition Ground) to a spot near the present Rex Theatre, and so in their make-shift shanties, set up what was soon called "Fortitude Valley."

Earl Grey, with malice, seized this quarantine incident and wrote:

> "I cannot but fear that this has arisen from the imperfect arrangements which had been made for the health and comfort of the passengers, as such an



EMIGRANTS AT DINNER ABOARD "THE FORTITUDE"

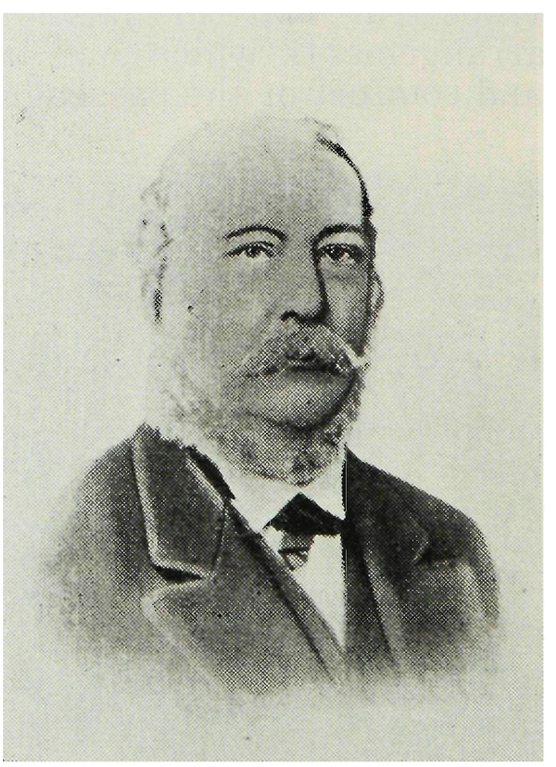
occurrence is so exceedingly rare in Australian emigration when properly conducted under the superintendence of the Commissioners."

The **third** incident in Dr. Ballow's story, his death, is related to this second occurrence.

## "Emigrant" Deaths from Typhus

Only one death from "fever" (probably typhus) had occurred among the 253 immigrants aboard the **"Fortitude"** in her long voyage of 128 days from England. On the **"Emigrant,"** the first vessel sent by the Land and Emigration Commissioners after Lang's three vessels arrived, and while Earl Grey's disingenuous cant was still echoing, Nemesis decreed that there were to be 17 deaths from typhus on the voyage out; and that in quarantine at Dunwich 63 more struggled through to convalescence; 56 more were struck down; and 40 died.

The ship's doctor, Dr. Marshall, died; Dr. Mallon, newly of Brisbane, volunteered for service, contracted the disease, but recovered. Dr. Ballow, at the peak of the epidemic, took his place, took the infection and died of it on 29 September 1850. Dr. Kearsey Cannan, who



KEARSEY CANNAN
M.R.C.S., Eng., 1837
President, Queensland Medical Society
1871

had arrived in 1842 or 1843, in this emergency volunteered to fill the gap. By accident or design he set up his camp on a neighbouring island, and so was free of the lice that carried the infection; he successfully halted the epidemic.

Ballow Chambers on Wickham Terrace (the "Harley Street" of Brisbane), a commemorative tablet and a tombstone at Dunwich, recall the "gallant and jovial Scotsman," Ballow.

Dr. Ballow, among many other activities, was one of the first to grow cotton in Queensland—an interest in which he was followed later by Dr. W. Hobbs. Ballow received his plants from Dr. Thompson, Inspector of Hospitals for New South Wales in the early 'forties. This sea-island cotton, grown first at Flinders Peak near Ipswich, was later transferred also to Brisbane. Possibly it was this crop that so intrigued Rev. John Dunmore Lang and inspired him with the idea of "Cooksland" (Grafton to Gladstone) as a great cotton growing colony.

Dr. Hobbs, who had been ship's surgeon on Lang's second ship, the **"Chaseley,"** took Ballow's place at the hospital until the end of the year 1850, when Frederick J. Barton, who had arrived in or before 1845, assumed office as Resident Surgeon—a post he held till he died in 1864 with only one holiday break in 1853 when for a few months he was relieved by Dr. H. T. Bell. (Dr. Mallon and Dr. Hobbs, who both arrived in 1849, were on the Hospital Committee from 1850.) Ballow had enjoyed residence rights and the princely honorarium of £25 per annum, increased almost at once, however, to £40 per annum. Kearsey Cannan, as visiting surgeon without residence, received £30 per annum, and maintained his association with the hospital for 45 years, passing with it to Bowen Hills, and remaining as consulting surgeon till his death in August 1894. He was born in Edinburgh in 1815, apprenticed to Dr. Wildash in Kent; gained his M.R.C.S. degree in 1837, and came to Australia in 1841, aged 26 years. In 1843 he hung out his shingle in Queen Street, at the house of the Postmistress (Mrs. Slade).

Ballow and Cannan were, in fact, the originators of the present North Brisbane General Hospital, set up later in 1867.

But this anticipates the regular routine of this history. Let us return to the 'forties.

## First Doctors on the Downs

On the Darling Downs Dr. Rolland and Dr. Chas. G. Miles were among the first settlers. With Domville Taylor, Dr. Rolland divided his talents between sick relief and sheep farming. Dr. Miles was very interested in horse breeding and, in particular, in the Arab strain that was producing increasingly better types on the Downs from the pure-bred Arab stallion, "Tommy." Miles lived first at Clifton and had a bush hospital at Ryford, which, Thomas Hall tells us, was a boon to everyone requiring medical attention. He removed later to Warwick, where he was the first medical man, and at the first land sale on 31 July 1850 (111 years ago next Monday) he bought for £8 the fourth allotment offered for sale and built a fine house on it.

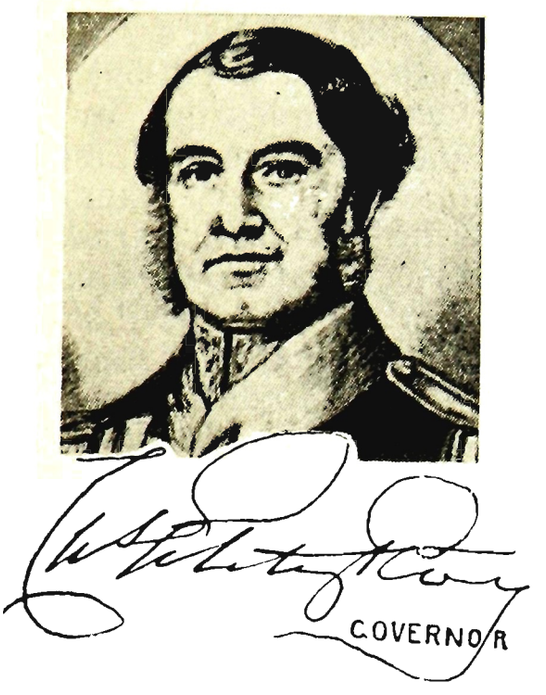
His pride and joy was his chestnut horse "Vagrant," which cantered high and was half Arab. Returning one day, tired, from a long ride to see a patient near Inglewood, and half holding the rein, he was thrown and killed when "Vagrant" shied suddenly. Dr. Labatt succeeded him, establishing himself at "Canning Lodge" in the same area near Rosenthal Creek, where, by the way, in April 1854, he entertained the Governor, Sir Charles Fitzroy, when that descendant of the Stuart Kings (on the distaff side) visited the Moreton Bay district.

Dr. Sachse came a little later, but removed very soon to what is now Toowoomba. Dr. Armstrong had been established there at Drayton from the early days. He thought it quite usual, if somewhat exhausting, to visit patients in an emergency (riding horseback) as far afield as Nanango (Tarong) ; where, for example, he rode to set the dislocated shoulder of George Clapperton on 26 May 1862. (The injury was on 19th.)

In Warwick, Dr. Sachse was followed by Dr. S. W. Aldred, and the mention of Aldred, Armstrong and Sir Charles Fitzroy reminds me again, in passing, of the versatility of the pioneer medical men. Because they were "educated persons," the functioned often as magistrates, and leaders in athletics, sport, entertainment, and civic affairs. In Ipswich, Dr. Wm. McTaggart Dorsey was surgeon, magistrate, and boxing enthusiast. (Incidentally, his was "Account No. 1" in the Bank of New South Wales when it was opened in 1850.)

Dr. S. W. Aldred became the Mayor of Warwick, one of a large number of medical men who found expres-

sion of their talents in the civic field. It may be recalled, too, that when W. C. Chapple reported gold at Canoona in 1858, it was Dr. A. C. Robertson who was sent by Capt. (later Sir) Maurice O'Connell (who had been Government Resident at Gladstone since 1 March 1854) to check his statements and advise about his finds. Dr. Robertson brought back gold from seven localities and reported that many tracts between the Boyne River (south of Gladstone) and the Fitzroy River (90 miles north of it) were auriferous.




SIR CHARLES FITZROY

A fantastic rush followed: a few fortunes were made; but thousands of eager miners were rendered destitute and had to be rescued, fed, and repatriated by the government. This incident led to the eclipse of Gladstone, the foundation of Rockhampton, and later, the discovery of the vast riches of Gympie in 1867. At that date the gold at Gympie was a major factor in saving Queensland, possibly, from economic collapse.

## Scarcity of Medical Provision

This may be an appropriate place to refer to the medical provision available as distances increased from Moreton Bay. It was quite comparable with that existing in New Guinea or, indeed, in their early days, in most countries brought into the ambit of vigorous colonising powers. There was a sprinkling of trained medical men at the actual head station and the larger outposts; further out there was a sprinkling of trained,

half trained, or untrained first-aid men and midwives, the first corresponding to the "feldscher" or medical assistant associated with European armies even up to the second World War of 1939-45, and the midwives to the "sage femme" of France in its original sense. Beyond these again, and in default of other assistance, people sometimes sought help from the aboriginals themselves. Time does not permit any outline of aboriginal medicine, but those interested will find an article on the subject in the **"Australian Encyclopedia,"** from which I extracted the following and included it as a footnote (number 108a) at page 181 of **"Triumph in the Tropics"** (Cilento and Lack 1959):

> "The aborigines had learned by experience that certain plants could produce food, medicine or poison, and used them accordingly. Examples are **Derris, Tephrosia, Barringtonia** and **Faradaya**, which were used as fish poisons; and **Duboisia hopwoodii** and **Isotoma petraea**, which were used as narcotics. There are many other aboriginal medicines which, by scientific analysis, may be found to be beneficial. They include remedies for fever, dysentery, toothache, 'sores' and other maladies.
>
> "The early bushman, the drover, and the timber-cutter, because their work often took them far from medical or pharmaceutical aid, depended largely on native plants for medicine. Although many such remedies appear to be illogical, some are effective and are worthy of further investigation. Examples of well-known bush medicines are **Grewia polygama** (dog-nuts) for diarrhoea; **Nauclea orientalis** (Leichhardt tree) for fevers; **Centipeda** spp. (sneezeweeds) for sandy blight; **Euphorbia hirta** (asthma plant) for asthma; the juice of various species of **Euphorbia** (spurges) and **Ficus** (figs) to heal sores; **Clematis glycinoides** (headache vine) for headaches; and **Cassia alata** (ringworm shrub) for skin diseases."

There is one point about some of these plants that is generally overlooked—their qualities may change on drying out, so that only the freshly plucked plants are effective. This is especially the case where they depend on the cyanogens of the growing point of the plant, as some do, especially with certain varieties of the **Euphorbiaceae.** Even educated people accepted aboriginal aid in default of better.

You may remember reading in the **"Genesis of Queensland"** 1888, p. 253, Stuart Russell's account of

how the aboriginals treated him for supposed "sunstroke" in a sweat bath of hot sand, with excellent results.

People equally isolated relied for two generations on the "Family Medical Guide" written by Dr. Fullerton, whose house is still identifiable at All Hallows' Convent, which has gradually grown up on that original site.

## Some Self-styled "Doctors"

So far as the self-styled "doctors" of the first-aid type are concerned, some reference to those in the Nanango area may suffice. It must be recalled that there was no medical registration here in those days, nor indeed until 1862, over two years after the establishment of Queensland as a self-governing colony. These men, "first-aid" men or medical assistants, included all sorts—as they do to-day—from excellent bonesetters to outrageous quacks and confidence men.

"Dr." O'Connor, whose title was a courtesy title only, was a good bonesetter when sober, and a nuisance when drunk or suffering from post-alcoholic remorse. Geo. Clapperton employed him as a station hand at Tarong on one of these occasions in June 1856, but dismissed him as useless almost at once. I notice, however, that in 1858 he was called in to see Tan Long, a Chinese shepherd, and diagnosed the case as one of "bilious fever with a very weak pulse." He prescribed some powerful calomel pills, which apparently were effective, as there is a note in the diary of Clapperton two years later saying Tan Long had been paid off on the completion of his contract.

O'Connor was always to be found at Goodes' Inn—quite a celebrated wayside tavern—and was succeeded by "Dr." O'Sullivan, another good bonesetter. He gave place in his turn to "Dr." von Stein about 1872, a Prussian medical orderly of the "feldscher" class and the Franco-Prussian war, who combined bone-setting, midwifery and spiritualism. He assisted at the births of quite a number of the prominent residents of the Murgon and Nanango areas, a couple of generations ago, and enjoyed a wide popularity.

## Low Medical Standards

When registration was introduced in Western Australia in 1870, seventeen were registered. Of these six were unqualified but were registered because they had

been in practice there before 1869. It is not known whether any unqualified men were registered in Queensland in 1862, but the general standard of the qualified medical practitioners was most uneven and sometimes left much to be desired. We hear, for example, of a doctor who was asked for advice about a man thrown from his horse who, they reported, said he "couldn't move his legs." Said the doctor, "He'll be all right as soon as he gets over the shock of it." But, of course, he didn't—he died—his spine was broken. Then there was the case of Andrew Petrie in 1848 who suffered from the ophthalmia that was so common in the early days, and in his case was probably triggered off by sawdust. By some appalling oversight an undiluted caustic solution was put into his eyes, which in three days caused rupture of one eyeball, gross burning of the other, and permanent blindness.

Several other medical men of the early days deserve mention, as, for example, Dr. Challinor, who arrived with the Lang immigrants, and was prominently associated with schemes for the improvement of the place. Time permits only passing reference to two of them — Dr. W. Hobbs, who arrived as ship's surgeon on Lang's second boat, the **"Chaseley"** on 1 May 1849, and Dr. Fred. J. Barton, who arrived before 1845.

### Dr. Hobbs' Career

Dr. Wm. Hobbs was a remarkable man. He was admitted M.R.C.S. in England in 1843 and, after arrival by the **"Chaseley,"** he interested himself in every field of activity available in his country of adoption. He began practice where Parbury House now stands in Eagle Street (Dr. Gunn occupied the site later). He had another house in Adelaide Street behind what is now the National Hotel in Petrie Bight; he built the "Deanery" and leased it later (Dec. 1859) for an interim residence for the first Governor, Sir George Bowen, and, when the Governor moved to his official residence at what is now the old University Building at the south end of George Street, returned and lived in it until 1883. In 1883 he bought and occupied "Bay View," opposite the old windmill on Wickham Terrace, and died there on 8 December 1890. He is buried at Toowong.

He continued Dr. Ballow's experimental growing of cotton; discovered and commercialised a chalybeate

spring which was situated in a tea-tree swamp near the mangrove-covered edge of Deception Bay, due west from the south end of Queen's Beach, near the borders of what was then "Campbell's farm." In 1922 there were still recognisable signs of the excavations and other structures there. The water was crystal clear but tasted like ink. (It may be remembered that it was at Deception Bay Dr. Joseph Bancroft had his "pemmican" factory.)

Dr. Hobbs also successfully pioneered dugong oil in the 'fifties and, with T. Warry, began a promising and valuable business that ultimately outgrew their control, was mismanaged and collapsed. Further references are available in **"Triumph in the Tropics,"** pages 219/220.

He was essentially a physician and disliked surgery—who wouldn't in those days before anaesthetics and antiseptics?—but it was his distinction to give the first anaesthetic by chloroform (only discovered and used a few years before overseas) for a case of cancer operated on by Dr. Barton.

He was one of the original members of the Legislative Council at the establishment of the Colony of Queensland and earned (among many positive distinctions) the negative distinction of being arrested by the Sergeant-at-Arms by order of the Speaker for being absent at roll call!

I may perhaps end this second 17½ years' period of our history by recalling (incompletely — for the records are fragmentary) the officers in charge of the Brisbane Hospital from the beginning until 1859; and also by illustrating the state of medical knowledge by an extract from a lecture given by the last of them (Dr. F. J. Barton).

They were Dr. Henry Cowper 1826-32 with Dr. Murray 1830-35; Dr. Kinnear Robertson 1835-1837; Dr. Alexander 1838; Dr. D. Keith Ballow 1838-1850; Dr. Hobbs 1850; Dr. Fred. J. Barton 1851-1864. (Dr. H. Bell was "acting" for a few months in 1853.)

The first Subscribers' Committee of the Hospital after it passed to Civil Control was set up under the presidency of Capt. J. C. Wickham and included some well known names: Rev. D. Glennie (Anglican); Rev. J. Hanley (Roman Catholic); Rev. W. Moore (Methodist); Dr. S. Simpson, J.P., C.C.L.; John Richardson (merchant); Ambrose Eldridge (chemist); John Harris, of J. and G. Harris (merchants); John McCon-

nel of Durundur (squatter); Wm. Thornton (tide waiter and later Collector of Customs); Wm. Pickering (official assignee); G. S. le Breton (merchant); Robt. Little (solicitor); G. F. Polle (chemist); and R. Gill (postmaster). Wm. Wilks (afterwards editor of the "Courier") was the first secretary. As a matter of interest, Duramboi (James Davis), the "wild white man," was one of the early donors.

### The "Effects of Climate"

Dr. Fred. J. Barton in a lecture in August 1845 dealt with the effects of "climate"—the usual factor pilloried in those days to excuse and explain the deficiencies of medical treatment. He said **inter alia** that the most common diseases at Brisbane were: ague (i.e. malaria); continued fever; chronic rheumatism; and influenza — the first two being caused by the "exhalations of vegetable **miasma**"; the next (chronic rheumatism) by "undue exposure to the wet and the night air"; and the last (influenza) by "some uncommon state of the atmosphere, producing at first ordinary colds, which soon became infectious and epidemic." (**Medical Journal of Australia** (Jackson), p. 283, 17 March 1923.) (Actually, "continued fever" and "chronic rheumatism" are conspicuous by their absence from the records from 1825 to 1849.)

"Continued fever" doubtless would include typhoid fever, which was just beginning to be recognised. The word "typhoid" does not appear in the hospital records till 1863, but from 1857 on, cases from Eagle Farm area, then the Pinkenba Road, which are obviously typhoid, appear with increasing frequency, and finally reached almost epidemic proportions. Ague (malaria) as intermittent fever had almost disappeared.

The actual daily rate of admissions and their rigorous separation into "paying patients" and "paupers" (deprived of a counterpane and provided with a coarse red blanket) is shown by the last report before Separation. It reads:

> "The following is an abstract of all patients received at and discharged from the above institution during the month of November (1859):
>
> **Remained from October:** 8 pay; 16 paupers.
>
> **Since admitted:** 10 pay; 11 paupers.
>
> **Total:** 18 pay; pauper 27.

**Discharged:** 6 pay; 7 paupers.
**Died:** 1 pay; 7 paupers.
**Remaining:** 11 pay; 13 paupers.
(Sgd.) Fred. J. Barton, House Surgeon."

The daily average therefore was some 28 patients at the end of 1859; the daily average to-day is over 1,000 in North Brisbane and the annual expenditure for the Board's hospitals runs into millions: perhaps £4,000,000 is a fair figure (excluding certain funded costs, etc.).

## The Third Period (1859/60-1894)

The Brisbane River was discovered some 35 years after Governor Phillips' first settlement at Sydney; the Colony of Queensland was proclaimed almost exactly 35 years after the first shacks were erected at Brisbane Town at the end of 1824; half of this period of 35 years (to 1839/40) had been the Convict or Military period at "Moreton Bay"; the second half was the period of civil government prior to Separation (1840/1859).

The succeeding thirty-five years constitute the third period of our history, and may be called the period of scientific discovery, clarification, and medical organisation. Medical men in political and civic life did much to assist this programme in Queensland.

The first Legislative Council of 15 members included three medical men; Dr. Sir Charles Nicholson was its President.

A revulsion of feeling against charlatanism in England had resulted in the establishment of the first General Medical Council of Great Britain and Register of Medical Practitioners.

In Queensland, a **Gazette** notice of 4 January 1862 recorded the 23 registrable medical men in the Colony as follows:

Wm. Armstrong; S. W. Aldred; Fred. J. Barton; Hugh Bell, M.D.; Wm. Callaghan; Kearsey Cannan; Fred. Cummings, M.D.; Hy. Challinor; Wm. McT. Dorsey; Geo. Fullerton; Robt. Hancocks; Wm. Hobbs; Jonathan Labatt, M.D.; Fred. N. Lucas, M.D.; Geo. W. Paynter; Arch. C. Robertson; Thos. Rowlands; Otto Sachse, M.D.; J. E. Stacey; J. M. Swift; J. Tymons; Jos. H. Ward; and Wm. J. Ward.

There were also 12 chemists and druggists in the Colony—most doctors compounded their own medicines. There was no registration for nurses, dentists, mid-

wives, optometrists, physiotherapists or other branches of medical work or ancillary services that have since developed.

## Articles of Medical Faith

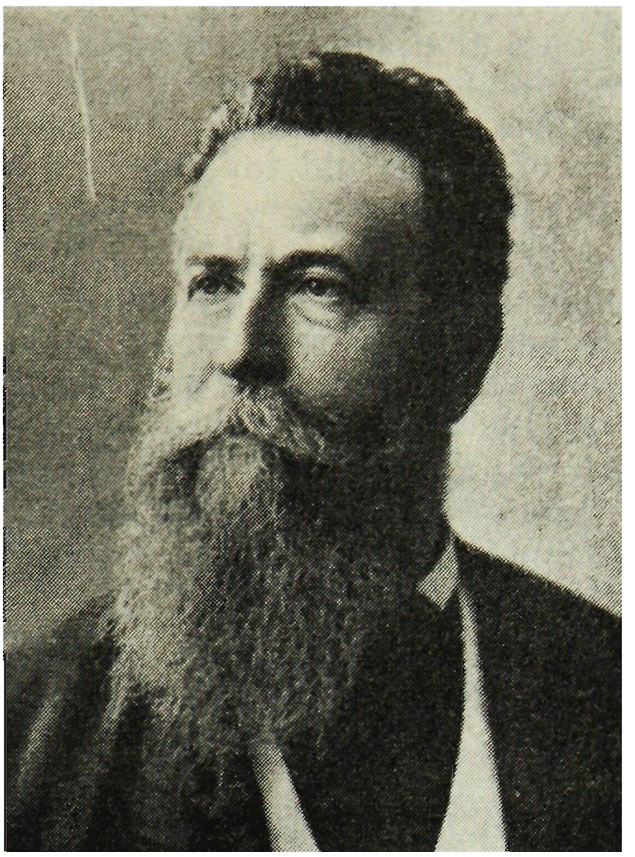
Until the 'seventies all the old absurdities about "climate," "miasmata," "corruption of the air," "excessive sunlight," "foul odours," the "wrath of God" and so on, were still articles of faith. The idea that there were separate disease germs or disease causes, asserted by Fracastorius 330 years ago, was still considered ridiculous. But in 1872 Lewis in India found tiny parasites in the blood of sufferers from fllariasis (till then commonly believed to be due to "the humid climate and over-indulgence in the fruits of the country") ; in 1873 Obermaier discovered the germ of relapsing fever; and then in a flood of reports, leprosy 1874; suppuration, typhoid, malaria, 1880; glanders and tuberculosis 1882; cholera 1883; Malta fever, also cerebro-spinal meningitis, 1887; bubonic plague, 1894; and in 1897 dysentery.

## Bancroft's Achievements

But in 1877 Bancroft of Brisbane, following up some observations of Rowlands of Ipswich, had identified the adult filarial worm in the human body; in 1878 Manson had discovered a mosquito carried it, thus disposing of the "miasma" rubbish, and opening a completely new field—the field of the insect carrier of disease for man—and on this basis in 1897 Ronald Ross found certain other types of mosquito the carrier of malaria—man's greatest bugbear. It was a revolution in medical thought, and Queensland not only reacted to it, but had been brought for the first time into international scientific notice by Bancroft.

Bancroft's life has been the subject of many orations, and text references (pp. 430/431) and a lengthy note in **"Triumph in the Tropics"** (p. 430, note 197) set out briefly his remarkable history. A further reference is made below.

In midwifery there was a revolution in thought and practice also. Appalled by the frightful number of deaths of mother and child from septicaemia (puerperal fever), Semmelweiss (1818-1865) in Vienna insisted that everyone attending at a birth should thoroughly sterilise his hands with chlorinated lime water. In two years 1847-49 the death rate in his



JOSEPH BANCROFT
M.D., StAnd., 1859, M.R.C.S.E., L.S.A., Lond.
President, Queensland Medical Society, 1886.

institution, which had been **one in eight** mothers, had fallen to 1 in 70, and in a further six years to 1 in every 118 (0.85%). But jealousy and deliberate malice aroused by this assault on the uncleanliness of orthodox technique had caused him to be dismissed from the scene of his triumphs in 1849, and finally he lost not only friends and fortune, but life itself from an infection of his own hand with the deadly germs from which he had assisted to save so many thousand women. Queensland's most progressive men followed these advances closely.

## Limitations of Surgery

The limitations of surgery were equally great. In days when there were neither anaesthetics nor antiseptics, speed and accurate single slash cuts were the essence of skill, and some surgeons, especially military men on the field, gained a great and ruthless dexterity. Liston, a Scottish surgeon, could amputate a leg at the hip in one minute after it had been adequately tourniquetted; William Cheselden, English **bon viveur,** wit, architect, **litterateur** and pugilist (!), with the patient

firmly trussed up, and with one quick stab incision below, could open the bladder, remove a stone and plug in a dressing in one minute also. (More remarkable still, of 213 of his operated cases, 193 survived!) What the discovery of germs did for medicine, anaesthetics and antiseptics did for surgery and midwifery.

The intense interest aroused led to the registration of medical men; an attack on quackery; a demand for an up-to-date general hospital, and a lying-in hospital; and the organisation of a scientific association and an association of Queensland's medical men.

The move for a new hospital was stalled for a time for a site. Premier Herbert, with his friend Bramston, had a large holding called Herston (from the first syllable of Herbert and the last syllable of Bramston), and, as Premier, had heard arguments in favour of one site between Petrie Terrace and Countess Street, and another where the Brisbane Boys' Grammar Schools are situated. He had offered as an alternative the present site, then known as "The Quarries," but had met much opposition on the ground that it was far too remote and that Brisbane might never extend so far! He now somewhat peremptorily advised the acceptance of that area and, in 1866, Andrew Petrie secured the contract for the building. Dr. Barton had died at his post in 1864, and had been succeeded in 1867 by Dr. Ruscombe Lansdown, who was the first resident house surgeon at the new hospital. He was, however, a sick man and was invalided to England, where he died in 1868. Dr. Gunn, who was one of the visiting surgeons from 1865-1871 at the old and the new hospitals, held the post for a short time on a temporary basis, and Dr. Joseph Bancroft became the second resident house surgeon.

Bancroft had arrived in Brisbane in 1864 and set up in private practice, acting also as a visiting surgeon to the hospitals (old and new) from 1866 until he took up duty as Resident Surgeon. He occupied the post until 1871 and from 1871-1887 was again one of the visiting surgeons, conducting as well a large private practice. His surgery was first at Wickham Terrace and later at the corner of Ann and Wharf Streets. Dr. Jackson recorded in 1923 that:

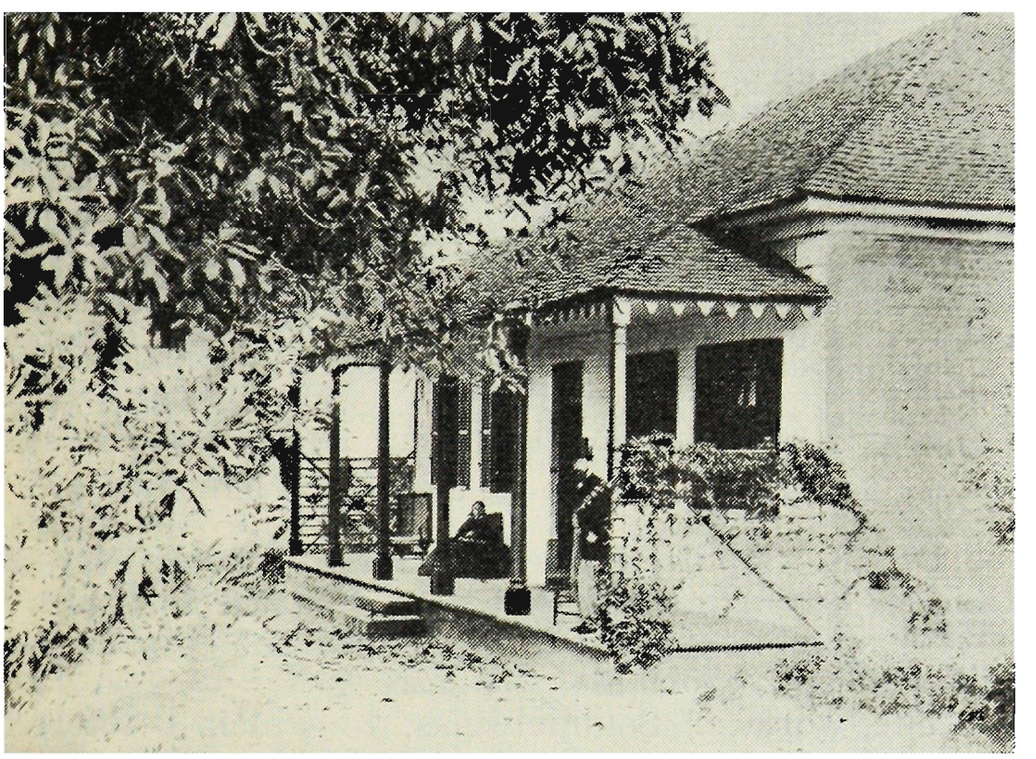
> "At the corner of Wharf and Ann Streets, he built the well-known house which has since been the Soldiers' Residential Club and, lately, has become part

of St. Martin's Hospital to house its nurses." (**Medical Journal of Australia** 25 June 1923, p. 285.)

He died there of what was apparently a coronary occlusion on 16 June 1894. Kearsey Cannan died in August the same year.

## Establishment of the Hospital

If Ballow and Kearsey Cannan had been the originators of the move that led to the erection ultimately of what is now the North Brisbane General Hospital at



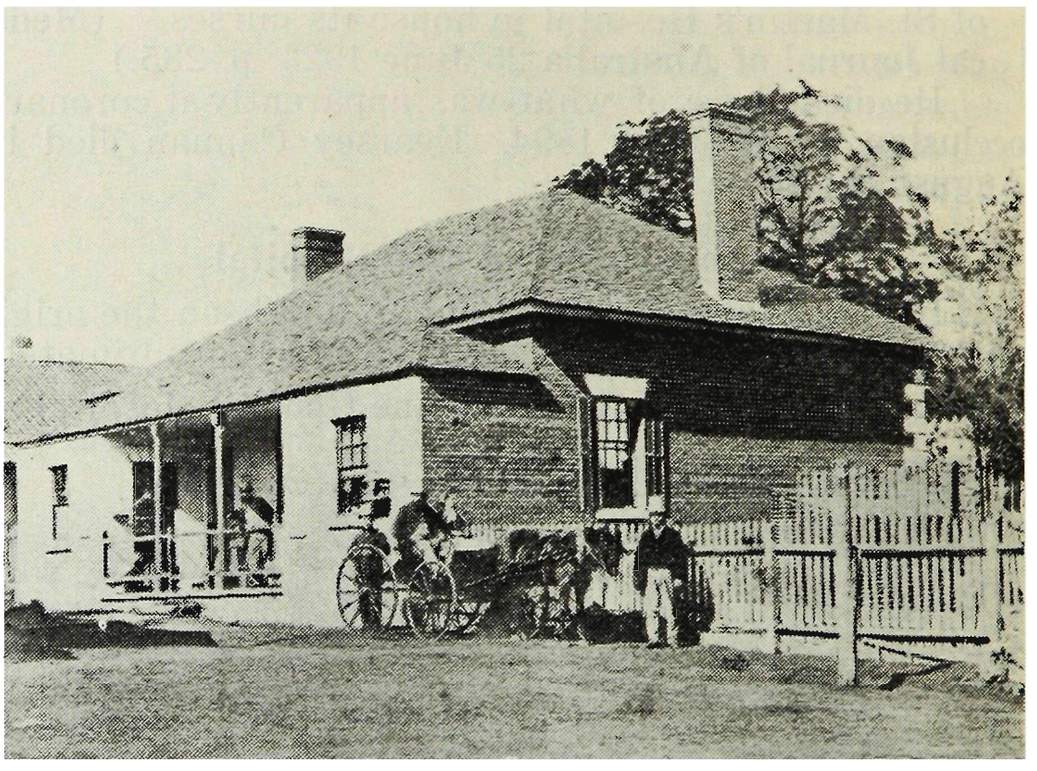
RESIDENT MEDICAL OFFICERS' QUARTERS AT OLD BRISBANE HOSPITAL.

Front of Surgeon's Cottage, facing North Quay, situated immediately to the right of the entrance steps to the present Supreme Court, from North Quay, at first embankment level.

Dr. and Mrs. F. Barton (Dr. Barton died in 1864—Mrs. Barton was afterwards the second wife of Dr. Hugh Bell).

(Original presented to B.M.A. (Queensland Branch) by Dr. H. T. S. Bell, 1921).

Bowen Hills, it was Cannan and Bancroft who established it firmly between 1867 and 1894. Cannan was visiting surgeon to the old hospital till 1864, consulting surgeon till 1868 (he was then appointed in charge of the Lunatic Asylum at Woogaroo, which has grown into the Hospital for Mental Diseases at Goodna); he was practising in Hodgson Terrace, George Street, from 1868 onwards, as well as consulting surgeon to the Brisbane General Hospital; changed again in 1876 to visiting surgeon, and in 1882 reversed roles once more and continued as consultant till his death.



RESIDENT MEDICAL OFFICERS' QUARTERS AT OLD BRISBANE HOSPITAL.
Back of Surgeon's cottage, at Old Hospital (North Quay), 1849 or 1850.
*From left to right*—(1) Dr. D. K. Ballow (died Sept. 1850); (2) Mrs. Ballow (looking through window); (3) Dr. Kearsey Cannan arrived 1843 died 1894); (4) Dr. Barton and (5) Mrs. Barton (in buggy; and (6) Dr. W. Hobbs—arrived (per Chaseley) 1849 (died 1890).
(Original presented to B.M.A. (Queensland Branch) by Dr. H. T. S. Bell, 1921).

Dr. E. Sandford Jackson himself took over as Resident Surgeon after Bancroft, and was for years a moving spirit there and in all medical matters, as well as a medical historian.

The work of Semmelweiss, to which I referred previously, had, remotely, led to the founding of the Lady Bowen Lying-In Hospital as early as 1864/66. Bancroft was surgeon to it from 1866.

## Infant and Child Welfare

It was over 20 years later, however, before the modern concepts of infant and child welfare were established by Dr. A. Jefferis Turner (1861-1947), who arrived in 1888 and was appointed to the Hospital for Sick Children next year. This is not to say that no work of great value was done prior to that date—far from it — but Jefferis Turner was undoubtedly the moulder of the modern method here. Later, with J. Lockhart Gibson, on observations suggested by Dr. Hopkins, they were to work out together the story of lead paint as the menace for lead-poisoning and early nephritis in children living in Queensland's picturesque wooden white painted houses on stilts.

This, however, and the diseases imported by Kanaka and Chinese labour in the so-called "Dreadful Eighties" are too large a story to engage us here.

The period was one of organisation. The first Health Act of 1872 was largely a copy of an English Act to improve sanitation; a grave typhoid epidemic stimulated the authorities to greater efforts in 1884, but for many years it remained, as Dr. J. S. C. Elkington wrote in 1912, the generally recognised idea that the function of a health authority was to "abolish stinks, clear choked drains, remove dead animals, and clean up backyards. These measures," he added, "are highly desirable if only as conditions antecedent to ordinary civilised comfort, but they do not require skilled sanitarians for their performance."

The same desire for a modern approach to health work was felt by all the progressive members of the profession. Lord Beaconsfield had recently said in London that the old saying, "Vanitas, vanitatum, omnia vanitas" would, he felt, be rewritten "Sanitas, sanitatum, omnia sanitas." The local men felt that if they could band together, the weight of their informed pressure might force the hand of the government. The trouble was that they could neither band together, nor stay put when they attempted it.

A Queensland Medical Society was formed in 1871 with Kearsey Cannan as President, Joseph Bancroft as Secretary, and Hugh Bell as Treasurer, and eight other financial members. It collapsed after nine months.

In 1882, on 5 July, they tried again under the Presidency of Kevin O'Doherty.[6] The Society lasted this time till March 1883 and then lapsed. It had 19 foundation members, to whom eight were later added, making 27, and it is recorded that only nine paid their subscriptions!

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6. **Kevin Izod O'Doherty** (1823-1905), had in his younger days been transported to Australia from Ireland on a charge of treason-felony. He was pardoned in 1854, completed his medical studies in Dublin in 1856, and graduated F.R.C.S., Ireland, in 1857. He practised there until 1862, in which year he came to Queensland and became one of Brisbane's leading physicians. He was elected to the Legislative Assembly in 1867, and was responsible for the passing of a Health Act; he was also one of the early opponents of the traffic in Kanakas. He became a member of the Legislative Council in 1877, but resigned in 1885 and returned to Ireland. He won the House of Commons seat of West Meath soon after his return to Ireland, and helped Charles Stewart Parnell fight the libellous accusation in the forged letters of the traitor Pigott that he had condoned the Phoenix Park murders, but he resigned his seat when Parnell's party split in warring factions following the divorce court revelations of Parnell's passionate association with the beautiful Kitty O'Shea. With his wife Eva (''Eve of the Nation''). O'Doherty returned to Brisbane, and resumed his medical practice here. He died on 15 July, 1905, aged 81. Eva, a notable poet, died at Brisbane on 22 May, 1910.—Ed.

KEVIN I. O'DOHERTY
F.R.C.S.I., 1857, L.M., L.R.C.P.I.
President, Queensland Medical Society 1882-3

## Formation of Medical Society

On 25 October 1886 a third effort was launched, this time successfully, and the Medical Society of Queensland was established. Bancroft was President, Richard Rendle was Hon. Secretary and Treasurer, J. Lockhart Gibson was Hon. Librarian. It was ultimately to fuse with the British Medical Association (Queensland Branch) in 1900. The Branch itself was set up in 1894.

One of the earliest and most surprising things the Society did was to frown upon the idea of a University. It said, indeed, that while a college of science and art, that might ultimately grow into a University, might be desirable, any local body that aimed to grant degrees in Law, Divinity, or Medicine was out of the question.

In 1888 the Society urged the government to seek to control alcoholism by some method other than merely gaoling offenders; it also discussed the registration of nurses and, in default of any action, set up a voluntary register of addresses and availability at the chemist shop of Mr. Watkins in Queen Street.

All previous medical societies had come to grief over so-called "ethical" questions affecting advertising; control of fees; associating with unregistered persons;

and so on. This society nearly perished in April 1889 on a further motion to regulate fees, but was saved when this proposal was thrown out as "out of order."

North Queensland, which had lost the fight for separate colonial status but was still very conscious of its identity and individuality, applied from Townsville through Dr. van Someren, Secretary of the North Queensland Medical Society, and Dr. Voss, Secretary of the Rockhampton Medical Society, in 1889, for advice as to formation, by-laws, etc. Nothing more was heard of the Rockhampton Medical Society, but the North Queensland Medical Society (formed December 1889—first meeting 6 January 1890) had a lusty life until it expired on 24 April 1891. Its President was Dr. A. J. Ahearne of Townsville; Vice-Presidents Dr. D. Graham Browne of Charters Towers and Dr. Spark of Townsville. One of the members (Dr. Nisbet) carried a proposal which first formally but unsuccessfully drew the attention of the government to the need to train midwives and to register successful trainees after examination.

Meanwhile, another body, which objected to the exclusion of "ethical" questions from discussion, set up the Queensland Medico-ethical Association in Brisbane on 28 October 1890. It lasted until 1893 and put out a brochure to the candidates for parliamentary election in that disastrous year of depression advocating: (a) the establishment of a Department of Public Health; (b) the institution of quarantine on an Australia-wide or Federal basis; (c) the institution of the compulsory notification of infectious diseases; (d) the registration and inspection of dairies; (e) the provision of a regular supply of reliable vaccine for smallpox inoculation; (f) the establishment of public abattoirs; and (g) the establishment of inebriate asylums. The Association also advocated the building of a proper laboratory for the study of the diseases of men and of animals in Queensland; but alas! it proposed also a scale of fees "for the guidance" of medical men—and this was its expiring effort.

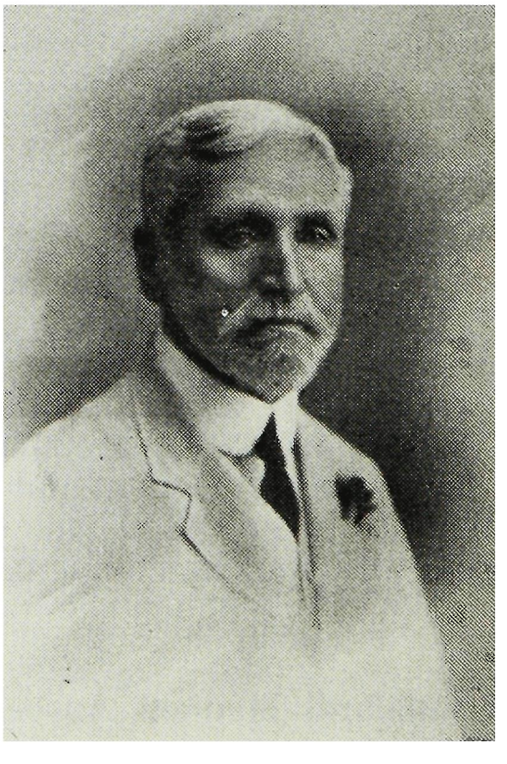
## The Queensland Medical Association

Before it faded out, the Queensland Medical Association was formed and had its first meeting on 12 January 1893. It openly aimed at branch membership of the British Medical Association, which had already

recognised Colonial branches in New South Wales, and Victoria in 1880, and had registered one in South Australia in the same year. (Western Australia was to become recognised in 1899 and Tasmania, ultimately, in 1911.)

The Medical Society of Queensland had repeatedly voted on proposals to become a colonial branch of the British Medical Association, but had rejected the suggestion emphatically on each occasion. It was, as mentioned above, only in 1900 it agreed to merge with what had then become the Queensland Branch of the British Medical Association.

On 30 May 1894 the Queensland Medical Association, under the Presidency of the Hon. Dr. W. T. Taylor, with Hon. Dr. C. F. Marks as Vice-President, Dr. E. Sandford Jackson as Hon. Treasurer, and Dr. Peter Bancroft as Hon. Secretary, assumed its new name and status, which it will carry until the end of 1961, when all branches of the British Medical Association in Australia will dissolve with the intention of establishing as nearly automatically as the law will allow, an Australian Medical Association, continuing the traditions of the past in all but name. Its inaugural function will take place in Adelaide in May 1962.



HON. W. T. TAYLOR
M.D. (Kingston) 1861
M.R.C.S.E., D.P.H., L.S.A.
First President, Queensland Branch of the British Medical Association, 1894.

At the inaugural function of the British Medical Association (Queensland Branch) in 1894, the President had with him the Governor of Queensland, Sir Henry Wylie Norman, G.C.B., who had consented to propose the toast of "The British Medical Association—Queensland Branch."

It was, among other things, pointed out that "nearly one-third" of the medical members were Australian **born**; and, that two of these, Dr. Jackson and Dr. Peter Bancroft, **had actually gained their medical degrees in Australia**, one in Melbourne and one in Sydney! This astonishing news was received with loud applause. J. Brunton Stephens had written an ode specially for the occasion: this had been set to music by Professor G. B. Allen, and it was now sung most engagingly by five medical gentlemen whose combined effort was rewarded by an ovation. The words have been preserved and are:

"Now one in name, as one in heart
With those of Motherland,
Our Masters of the Healing Art
At length united stand.
All hail to those who league for good
Nor power nor glory crave,
Whose sacred bond of brotherhood
Is but the will to save.
May they with added worth maintain
The honoured name they bear,
And, in the noble war with pain,
Its high tradition share.
And may the sun of their success
Presaging happy things,
Rise like the Son of Righteousness,
'With healing in His wings'."

From the founding of settlement in Moreton Bay—Brisbane in December 1824—February 1825, until the meeting of 12 January 1893 that set in motion this affiliation with the British Medical Association in the following May, was 68 years. From the preliminaries of early 1894, culminating in the inaugural meeting of 30 May 1894, until the change-over set for the beginning of 1962 will, curiously enough, also be 68 years.

This midpoint, of 1893/94, therefore, seems the obvious point at which to terminate this sketch of the first half of the medical history of Queensland.

# MEDICINE IN QUEENSLAND

## Part 2: (1894-1962)

[By SIR RAPHAEL CILENTO, Kt., M.D.]

(Delivered at the General Meeting of the Society held on 24 May 1962.)

It is appropriate that the second part of the story of medicine in Queensland—or at any rate some of its more important aspects or incidents—should be told to you to-night, because that second period ended and the third phase of the story began last Saturday, 19 May 1962.

Just as this Society has to-night dissolved itself formally and automatically re-established itself with a new but obviously related name and title so, on that date, the **"British Medical Association in Australia"** dissolved itself and automatically became the **Australian Medical Association**, formally implementing an arrangement that was actually authorised last year, and was set in motion informally on 1 January 1962. At the same time the various State branches of the **"B.M.A."** became branches of the new organisation, our own local group becoming: the **"A.M.A., Queensland Branch."**

Queensland thus enters upon the **third phase of its medical history**—one in which the vast majority of its practising medical men and women are members of an autonomous Australia-wide medico-political organisation with great influence and great responsibilities in this age of so-called social welfare.

**The first phase,** as you will recall, was the 68-year period from the establishment of Brisbane Town, in February, 1825, to the assent of the British Medical Association in 1893 to recognise a colonial branch in Queensland, and its ceremonial inauguration which was postponed until 30 May 1894. **The period 1825-1893 was a pioneer phase of unco-ordinated effort and individual enterprise.**

### The Second Phase

**The second phase** was the 68-year period from 1894 to 1962 with which I propose to deal to-night—a period

of registration, regulation, cleansing and closing of the ranks of the practising medical profession and also of bitter conflicts and internecine clique struggles, of organisation and attempted co-ordination; and of increasing intervention by the State—into hygiene and preventive medicine, into the field of concessional services, e.g. pensioners (old age, invalid and military) and medical insurance; into infant and maternal welfare; into hospital practice and provision, general and midwifery; into medical education; into laboratory services, from facilities for pathology and microbiology, to the actual manufacture of vast supplies of drugs and sera; and into many other aspects.

Overall, it was, on one hand, a period of **increasing governmental control of medical practice** and on the other, of **increasing knowledge and remarkable progress in medical art and science**, from the discovery of germs, vitamins, hormones, new anaesthetics and antibiotics, to an increasing specialisation that increasingly threatened the status of the medical practitioner by swamping him beneath hordes of ancillary services and auxiliaries, all ultimately clamouring for that meretricious myth that the inferior call "equality," on every present-day plane of human endeavour or relationship.

Throughout the story of the second phase appear **sporadic efforts to co-ordinate the work of the practising medical profession and its organised representatives, with that of the State, the Commonwealth, and the late-coming University Medical School**—all charged with separate parts of the problem of the provision of medical care to the public. Twice in that period (four times if one counts the Boer War and the Korean War), the medical profession was re-baptised in blood, and strengthened by struggle and sacrifice. By 1960 it felt that the nationhood Australia had won in every field of endeavour justified medical men in establishing **an autonomous national medical association.**

## Inaugural Meeting of A.M.A.

**This third phase** began formally last week in the Bonython Hall, Adelaide, South Australia, when the Prime Minister of the Commonwealth, the Rt. Honourable R. G. Menzies, C.H., Q.C., M.P., addressed the inaugural meeting of the **A.M.A.** It was a brilliant occasion: representatives of various national associations had accepted invitations—including those of the British Medical Association itself; and the Associations

of New Zealand, Canada, the United States of America, Germany, South Africa, India, Ceylon, Malaya, Singapore, Central Africa, Ghana; and, among others, the non-governmental international World Medical Association (not to be confused with WHO, the World Health Organisation with United Nations), set up some years ago. Those who attended voiced fraternal greetings and good wishes, and most of them contributed reviews of the growth and development of organised medical practice in their areas to a special historical edition of the **Medical Journal of Australia** (issued 19 May 1962), wholly devoted to that subject.

The representative of the British Medical Association, in virtue of the parental status of that ancient body, and as a symbol of the authority and autonomy of the Australian Medical Association, presented a gavel to Dr. H. C. Colville, who delivered the first Presidential address to that body, then for the first time, independent and integrated.

The events that led up to this climax were similar, generally, in all Australian States; and the history of Queensland from 1894 to 1962 might, with some alterations of time, place and emphasis, be applicable to all except in two respects—**coloured labour in the canefields and goldfields**; and **settlement of the tropics by white men and women and their families.**

## "Minor Medical Meddlers"

Prior to 1900 Queensland had no State Department of Health, but a multiplicity of minor medical meddlers distributed among various departments with ill-defined duties. The system (if it might be so-called) was based nominally (but little more) on the procedure laid down in various English Acts, from the setting up of the General Medical Register there in 1858.

From 1862, just a century ago, medical practitioners in Queensland were registered. The great majority were family doctors giving the best service of which they were capable to towns or villages that offered them a living. Sanitation was grossly neglected; infectious diseases were poorly recognised, rarely reported, and among others, typhoid, tuberculosis, summer diarrhoea, diphtheria, scarlet fever and other epidemic diseases were scourges constantly flogging the public.

A Central Board of Health had been set up on the English model very early: it is interesting to note that

it included the Colonial Architect, the Commissioner of Police, the Engineer of the Harbours and Rivers Board, as well as two medical men who might advise on appropriate matters! All health powers actually were under the lay control of local authorities for the next 35 years or so, and **increasingly demonstrated a general inefficiency based on indifference, ignorance and well-intentioned inexperience.** The Colony, but for a few brilliant exceptions, was at **the village level and interested only in village-pump policies.**

Wise and vigorous representations on medical matters made by great men like the late **Dr. Jefferies Turner** were received and generally ignored. The lessons of the Boer War (where vastly more men were killed by typhoid than by bullets) were unheard or unheeded, **and then, dramatically, bubonic plague struck Australia, and especially Queensland, and galvanised both into action.**

### Joint Boards of Health

An Order-in-Council of 4 April 1900 provided for the establishment in Queensland of Joint Boards of Health for the Prevention of Infectious Diseases, and permitted any two or more Local Authorities to act together. Some 20 Local Authorities within 12 miles of the G.P.O., Brisbane, combined accordingly to form the Metropolitan Joint Board of which the late **Dr. A. C. F. Halford**, a private practitioner, was Medical Officer of Health.

Apart from other powers, Boards could define the limits of areas affected or likely to be affected by infectious diseases; could provide and manage hospitals for the treatment of cases; could arrange house to house visitation and inspection, medical aid and accommodation, and could promote cleansing and disinfection and, in brief, take all action necessary for the suppression of disease. Boards were subsidised pound for pound upon the amounts raised by "precepts" levied on the various local bodies comprising any Joint Board.

**In practice there were several handicaps:** medical men viewed with suspicion any intrusion of the State, or any local authority between patient and practitioner; any suggestion of supervision or control of sanitation or of treatment, and any demand for reports.

Local Authorities for their part were reluctant to levy a rate for health whether subsidised pound for pound or not, and, moreover, were most unwilling to

have any restriction placed on trade or produce for any reason—health included.

It was obviously necessary to have an organised administration to deal with such a perfunctory service and to avoid a stalemate in so serious a situation. **The Health Act of 1900** therefore provided for a Commissioner of Public Health and a new **Central Board of Health** (purely advisory) to assist his deliberations. It included three medical men; a fourth member with experience of Local Government; and a fifth member experienced in trade and commerce. The powers lay with the Commissioner of Public Health and such Health Officers and Inspectors as the Governor-in-Council should provide.

The first Commissioner, who was to be a medical man expert in sanitary science, was **Dr. B. Burnett Ham**, and his appointment and the initial exercise of his authority produced, almost immediately, a head-on clash with **Dr. A. C. F. Halford.**

### Lack of Co-operation

In his earliest reports (1902) Dr. Ham demonstrated the lack of co-operation that existed between the Central Health Department, the Local Authorities, the Hospital Authorities, and the medical profession generally.

Of 31 municipalities 13 ignored his request for important information relating to health, sanitation and infectious diseases; of 118 divisions 74 failed to reply or sent no information. In the Metropolitan area no assistance or information was provided. Municipalities took the attitude evidenced (say) by that of Cairns, viz.:

> "I have the honour, by direction, to inform you that the Local Authorities in this district are jointly represented in a Health Board managed from the Municipal Council's office. My Board has therefore no report to provide in this matter."

Various local authorities (e.g. Barcaldine) laconically stated:

> "I have the honour, by direction, to inform you that there is nothing to report regarding works executed, sums received, disbursements made, etc., for the purposes of the **Health Act**, beyond the fact of the Board paying the Health Officer a salary of £20 per annum,"

or even more tersely (e.g. Bauhinia):

"No rate has been struck, no moneys collected, no works executed."

It was in respect of Brisbane itself that Ham was most incensed. From most of the constituent authorities he received a letter in the following terms (this one from the Indooroopilly Board):

"My Board presumes that as we contribute to the Metropolitan Joint Board, their Medical Officer (i.e. Dr. Halford) will include this division in his report to you."

### Sanitary Obligations Neglected

Dr. Ham commented:

"Up to the present for some unintelligible reason, I have been unable to secure the reports of the Medical Officer of the Metropolitan Joint Board of Health for the Prevention of Infectious Diseases" . . . "Great delay and difficulty have been experienced in extracting reports from the various local governing bodies concerned. . . . In the majority of cases the plea of 'no moneys' has been at least a legitimate if not an irrefutable excuse on the part of local authorities to neglect their sanitary obligations—obligations which though freely admitted by the local authorities have been evaded in the drought of local finances";

and later,

"The danger of multiplying authorities for the purpose of sanitary administration — one authority constituted in accordance with the laws relating to Local Government, and having one set of functions and power over limited areas: and another authority—the Joint Board—differently constituted and exercising limited functions over a wide area—is that it is apt to lead to confusion and overlapping of the work required."

Dr. Halford, still asserting that only over his dead body would officials come between doctor, patient, and hospital, and influenced perhaps by the deference paid to the private doctors by the Government, decided complacently to "let the heathen rage."

### Plague Forces Action

**Dr. Ham, the "heathen," raged to some purpose—under the spur of the menace of the bubonic plague, the Government was convinced of their deficiencies and all the Joint Boards were abolished on 19 September 1902.**

At all important towns and at all seaports Health Officers were appointed to act as deputies of the Commissioner of Public Health and to execute all relevant regulations. The profession was astounded. (It is only fair to add that in the dangerous years that followed, with eight epidemics of plague flaring up in the first decade of the century, Dr. Halford and all the medical profession gave able and energetic assistance in the care of the sick and the suspected.)

Ham, with popular support, **brought local authorities to heel in no uncertain manner** and insisted on regular detailed reports from them annually, under specified headings; he carried through several sets of important health regulations; and on the basis of excellent reports on tuberculosis, and deficiencies in infant care from **Dr. Jefferies Turner** and on hookworm disease from **Dr. R. A. O'Brien**, sowed the seeds from which action in these matters was to grow. Tuberculosis was made notifiable in 1904, hookworm in 1909.

## "Almost Incredibly Primitive"

Meanwhile the inspectors reported **an almost incredibly primitive state of insanitation over widespread areas of Queensland.** Many houses had no privies, and polluted water supplies were common; few towns had protected potable water; or garbage removal systems or sanitary services. Rats and other vermin were everywhere among the rubbish. As for foods—milk, meat and general produce were inadequately policed. Ham pointed out that all meat for export was strictly supervised, but that meat marketed locally was unsupervised and often unfit for human consumption. Inspectors reported that foodstuffs, fruits, vegetables, etc., exposed on footpaths were open to contamination by dust and dirt, horselitter and the enthusiastic attention of stray dogs. The adulteration of food and drink was gross.

The worker was horrified to learn that samples of Schnapps from a hotel in South Brisbane contained 280 grains of sulphuric acid to the gallon which doubtless gave it a noticeable bite: and that at the same hotel 150 gallons of rum were found grossly diluted with water (15 per cent) and adulterated by added tobacco, and were destroyed, the responsible hotelkeeper being also fined £200! (A large sum in 1904.)

## Adulteration of Milk

So far as milk was concerned **J. Brownlie Henderson**, an able and upright man, and a pioneer in the field of food standards for many years, pointed out that Brisbane at that time consumed about one and a half million gallons of milk annually, and at a price of 4d. a quart this represented £100,000.

On the basis of samples taken by inspectors the milk contained on the average 8.4 per cent of added water (generally polluted water), so that the public was paying £8,400 for the menace involved in drinking it. He commented:

> "As the total fines and costs for adulterating milk last year did not reach £200 there is evidently a **big margin for profit in continuing adulteration in spite of the fines**!"

Dr. Ham reported, meanwhile, that in a sweep through the metropolitan area to clear rat-breeding rubbish, 2,330 loads of filth had been collected and dumped out at sea by barge.

## Slow Progress of Hygiene

Sanitation and hygiene slowly progressed on a basis of little (but persistent) gains; co-ordinated action on health and infectious diseases languished under the strain of promises unfulfilled. It had been agreed after much discussion that all infectious cases in the whole 20 subdivisions of the metropolitan area would be treated at Wattlebrae, the Infectious Diseases block of the Brisbane Hospital: 12 months later, all others having agreed, the scheme still was stalemated by the absence of any consent from Brisbane itself.

**Dr. C. C. Baxter-Tyrie**, who had been added to Dr. Ham's staff, resigned after a year of these sorts of delays and evasions and comes back into the picture later (1910), when, from Cairns, he handled a virulent outbreak of **malignant malaria at Kidston, N.Q.** brought in by miners from New Guinea. (Of a population of 400, 120 fell ill and 25 died.)

This incident added emphasis to the question of tropical diseases and of coloured labourers riddled by latent parasitic infections — malaria, filariasis, hookworm and so on, which Dr. Ham had noted earlier, and which had made Queensland's record in tuberculosis, for example, unduly high.

### Mortality from Plague

It was recalled that during the plague 26 per cent of infected white persons (i.e. about one in four) had died; **but 100 per cent of infected Kanakas or other coloured persons succumbed.** Their statistics in the 'eighties for death and disease in all categories had been alarming and, on economic grounds, and on the score of health, it had been agreed that they should be excluded or repatriated as soon as possible. J. W. Gregory points out ("The Menace of Colour"):

> "Chinese entered the Victorian goldfields and increased there in spite of the protests of the Governor, Sir Charles Hotham, from 2,000 in 1852 to 42,000 in 1859 (seven years). Their immigration into New South Wales first became serious in 1879 when a stream began which grew until in 1887 (eight years) the Chinese numbered 60,000, or 15 per cent of the population."

The story was repeated in Queensland in the days of the gold rushes in the North, with their massive invasions of Chinese fossickers who grossly enlarged and diversified the morbid picture provided by the Kanakas employed on the sugar fields of the tropical coastlands.

It had been decided to repatriate all coloured persons (with certain exceptions) and the process went steadily on with advantage to the health of the public from 1906. A few foci of leprosy, then introduced, still remain to-day; hookworm is still endemic in the areas with a rainfall above 40 inches along the tropical coasts; and twenty years after the Kanakas had left, the **microfilariae** of filariasis (their legacy to Queensland) were found often in the blood of white persons admitted to hospital here for quite other illnesses. Even to-day, more than half a century later, an occasional case of overt filarial disease comes to notice.

### The "National" Phase and the "International" Phase

Just as our first 68 years included a "convict" and a "colonial" phase, so our second 68 years comprise a **"national" phase** which may be said to have begun with the movement that culminated in the Act that established Australia as a Commonwealth (including Tasmania but not New Zealand); and an **"international" phase** that resulted from the social revolution precipitated by World War II and dating from 1945/46.

The Federation of the six self-governing Australian Colonies into a Commonwealth of six States with

the transfer of certain elements of sovereignty to the central government, was not accomplished without much doubt, debate, and compromise. Western Australia almost seceded from the agreement; Queensland found it difficult to accept the idea of repatriation and future exclusion of coloured labour.

The growth in structure and strength towards nationhood found final expression through the Statute of Westminster in 1926 implementing the changed status justified by Australia's contribution to the British cause in World War I. That period of approximately three decades was of great significance in the local medical picture.

In 1906 as mentioned, the repatriation of the Kanakas was carried out; immigration restrictions on coloured persons had already become effective; in 1911 South Australia transferred to the Commonwealth the Northern Territory (one condition was the building by the Commonwealth of a transcontinental north-south railway; this was not honoured) and British New Guinea was ceded to us by Great Britain and renamed the Territory of Papua.

### Institute of Tropical Medicine Established

In 1914, at the outbreak of World War I, German New Guinea was captured by Australian forces, and in 1921 after continuous occupation passed to Australia, under mandate, to be administered as an "integral part" of the Commonwealth, known as the Territory of New Guinea. In 1909, the Australian Institute of Tropical Medicine was established at Townsville following strong medical and State pressure from 1902 onwards, and it was reorganised in 1922 as a Commonwealth activity. In 1910 the University of Queensland was founded but, unfortunately, without a medical faculty; and, in the same year, the decisive step in the establishment of the State Health Service, ably begun by **Dr. B. Burnett Ham**, was taken by the appointment of **Dr. J. S. C. Elkington** to replace him as Commissioner of Public Health, when he resigned on 12 August 1909 to accept the post of Chairman of the Board of Health of Victoria.

Meanwhile from 1908 to 1911 the Commonwealth was implementing by trial and error its functions in quarantine—the only health function allocated to it by the **Constitution Act** (S.51)—first as a sub-branch of the Department of Customs. Later it was to aspire

successfully to become an independent Department of Health.

**First Steps In Medical Organisation**

Medical men in private practice had, in 1900, successfully urged the amalgamation of the thrice-revived (1871) (1882-83) (1886-1900) "Queensland Medical Society," which was essentially a clinical and scientific body (banning ethical, political, and non-scientific questions) with the Queensland Branch of the British Medical Association (1893) which had itself sprung from the union in that year of the "Queensland Medico-Ethical Association" (1890) with the "Queensland Medical Association" (1889).

In 1901 the Medical Defence Society was established as a separate entity. During the next few years, **Dr. Brockway**, the Secretary of the B.M.A. (Queensland Branch), not only compiled valuable records but built up personally, from the tiny nucleus provided by the first Queensland Medical Society (1871), the solid basis of the present excellent library of the Association.

In 1912, partly under the spur of the concern occasioned by Lloyd George's first Health Insurance scheme in Great Britain (which was to result thirty years later in the nationalisation of medicine there), the Queensland Medical Land Investment Company was formed to provide a permanent home for the Branch as an anchor and symbol of stability.

At that time there was little co-ordination of policy or activity between the various separate State Branches of the B.M.A.; little capacity for power politics; a loose local organisation, and some obvious interstate jealousies and inequalities. Pressures for and against a medical journal of Australia-wide acceptance ran counter to some local prejudices and groups and emphasised both the need for legal status in local Branches and for their closer contacts on a federal basis. In 1926 the Queensland Branch was registered and incorporated under the **Companies Act,** but it was not until 1933 that Councillors from this State attended the Federal Council of the B.M.A.

Co-ordination and co-operation were permissive rather than obligatory for some years longer—indeed, they appeared ill-defined until the danger of nationalisation in the early forties served to consolidate both.

At the turn of the century, therefore, and for the first three decades, the Commonwealth, the State, and the medical profession were all engaged in organising

different aspects of the provision of health, but there was, as yet, no medical school, and all local practising medical men were graduates of Universities outside this State. Though there were many excellent men among them it was too much to expect that all the best of the graduates of other States or countries would seek their fortunes in what was, **medically speaking, an outpost State.**

At the turn of the century the endemic and epidemic disease pattern was so different from that of to-day that a typical year is worth quoting (1 July 1902-30 June 1903): Plague 108 cases; diphtheria 239 (and "membranous croup" 9); erysipelas 72; scarlet fever 219; typhoid 2,362 (in the second half-year it affected 2.7 per cent of the whole population!); "relapsing fever" 2; puerperal fever 24; and "continued fever" 12. The deaths from tuberculosis in that period totalled 413; and about the same time a "new and rare disease" —infantile paralysis (poliomyelitis) made its appearance with 108 reported cases (if we are not to include also 23 recorded as "cerebro spinal meningitis"). At this time also the Royal Sanitary Institute of Great Britain permitted the establishment of a local Branch with a Board of Examiners and the first 10 certificates for inspectors were granted. (The Chief Sanitary Inspector who gave exemplary service for many years was John Simpson.)

Dr. Ham had successfully piloted through departmental channels regulations for preventing the spread of infectious diseases and especially plague, smallpox, cholera, scarlet fever and typhoid; food and drug regulations, the sale of poisons regulations and a **Dairy Produce Act**; and had pointed out the lack of protection for water and the total inadequacy of the Infant Life Protection provisions.

In 1907 he provided an excellent comprehensive report on plague and emphasised the importance of school hygiene and child study; a cancer research fund was also set up; and arrangements were made for a first Commonwealth quarantine station at Thursday Island.

### Bancroft's Work on Dengue

A great epidemic of dengue in 1904/5 had affected almost three-quarters of the population of the capital and the coast and had afforded **Dr. Thos. L. Bancroft** an opportunity to test the suggestion of Graham (1889: **Jnl. Trop. Med.** 1/7/02) that "in the mosquito **Culex**

**fatigans** was to be found the factor which made the dengue in certain areas" (in Syria) "very contagious, while not at all in others." (Graham claimed to have transferred the disease by mosquitoes fed on the blood of dengue patients to others.) Bancroft reported that in his opinion the germ was an ultra-microscopic organism carried by the mosquito **Stegomyia fasciata** and wished to experiment by transmission to volunteers in a non-endemic area, but permission was refused. He thus lost the credit for work in which he was undoubtedly a pioneer, as later researches showed.

Upon Dr. Ham's resignation[1] on 12 August 1909, Dr. F. W. Woolrabe acted as Commissioner of Public Health until the arrival of **Dr. J. S. C. Elkington**[2] who took office on 1 January 1910. This was indeed a "New Year's Day" for health in Queensland (indeed for all Australia) for on that day also, **Dr. Anton Breinl** took up duty as first Director of the Institute of Tropical Medicine at Townsville (the first medical research institute in Australia, antedating by six years the next —the Walter and Eliza Hall Institute in Melbourne); and a young medical man, **Dr. J. H. L. Cumpston**, a born organiser who was to be the able architect of the Commonwealth Department of Health, met Elkington, and began an association that was to endure for many years.

## Townsville Selected As Site

The Institute at Townsville had resulted from a resolution emphasising the need for research into tropical diseases, proposed by **Dr. F. Goldsmith** of Darwin and carried at the Australasian Medical Congress at Hobart in 1902. Various sites were proposed, but it was recognised that on geographic and other grounds a site in the tropics was desirable and the vigorous representations, over the next ensuing years,

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(1) B. Burnett Ham, M.D., M.R.C.S., L.R.C.P., D.P.H., F.R.San.I., was author of a handbook on sanitary law, first Commissioner of Public Health, and Chairman of the Central Board of Health in Queensland (1900-09) and subsequently Chairman of the Board of Public Health for Victoria.

(2) J. S. C. Elkington, M.D., D.P.H., born Castlemaine, Victoria, 29 Sept. 1871; ed. Church of England Grammar School, Carlton College, Univ. of Melbourne, then Univ. College, London. Special Plague Officer, Melbourne Dept. of Public Health 1900; Special Officer on Plague Duty Punjab and Special bacteriological officer, Imperial Plague Research Laboratory, Bombay, India, 1902/03. Appointed in charge of all operations against smallpox in Tasmania 1903, thence to newly established post of Commissioner of Public Health, Chief Health Officer and Permanent Head of the Dept., Tasmania. Then Commissioner of Public Health, Queensland, 1 Jan. 1910-16 Nov. 1913, when he transferred to the service of the Commonwealth.

of **Bishop Frodsham** and the local medical practitioners at Townsville secured its selection. At the outset, it consisted of an empty storehouse provided by the Townsville Hospital, with practice facilities in an upstairs ward and, later, a small three-roomed structure on stumps, with a verandah, was added. The State subsidised the project, with the warm approval of **Sir William MacGregor**, the Governor, who as a medical

DR. ANTON BREINL
First Director of the Australian Institute of Tropical Medicine, Townsville, Q.

man and former Lt.-Governor in New Guinea was well aware of the vital value of tropical research for the future of Australia.

Breinl's first report (1910, pp. 5 and 6) included the following apt expression of the new objective—one that was, at that time, utterly opposed to accepted medical opinion:

> "Anyone who has followed the development of tropical medicine since its foundation must have realised that the question of populating a tropical country with the white race has entered a new era. It is said to depend on sanitation alone. Free the Tropics from disease and the white race will thrive there just as well, if not better, than in a temperate

climate . . . (but) only an exact knowledge with regard to local conditions and the presence of possible intermediary hosts will enable us to obtain this end. . . . Tropical Australia affords a unique opportunity for studying the adaptability of the white race to a tropical climate and conditions—not only of a white race surrounded by a host of native servants but of a white race doing hard labour under a tropical sun. Results obtained in this direction would be of great economic importance not only for Australia but for the Tropics in general."

### White Man's Capacity In Tropics

The campaign to demonstrate the capacity of the white man to colonise tropical Australia without any loss of longevity, fertility, or physique and the absurdity of the assertion that "climate" was an insuperable barrier, became the major object of medical policy for twenty years and succeeded ultimately in reversing completely the medical attitude on this vital matter.

While consolidating the work so ably begun by Ham, Elkington dedicated himself to this project which he regarded as the factor which (in the long run) would determine Australia's destiny.

Within a year he had effectively ensured the permanency of State control in the public health field, and had regained the pathology laboratory that had slipped into the hands of the Department of Agriculture and Stock (a queer tendency for greater interest in the scientific study of the diseases of animals than those of man has shown itself in Queensland at intervals!). He extended its scope, renamed it the Laboratory of Pathology and Microbiology, placed it on 27 March 1911 under a qualified medical man (Dr. John Harris); and sought to correlate its routine work with the research activities of Breinl's Institute at Townsville.

### School Hygiene

He set up the section of school hygiene with Dr. Eleanor Bourne as the first full-time medical inspector of schools (1 Jan. 1911); appointed Mr. Haencke, L.D.Q., to initiate the first dental clinic for schools; and added the first school nurse on 6 March 1911. Dr. Page was acting as Port Quarantine Officer in virtue of an arrangement under the Commonwealth **Quarantine Act** of 1908, which permitted the heads of the State services to supervise and implement the necessary

provisions of the Act as Federal Quarantine Officers, so far as ships, persons and goods were concerned.

Elkington also arranged for a Health Reader for educating children in schools; education of the public and of health inspectors; vaccinated as many of the population of ports along the coast as he could reach (and the natives of the Torres Straits Islands); and placed stocks of vaccine lymph and other prophylactic materials and equipment at strategic points. He wrote, later, for the Commonwealth a textbook on quarantine that not only governed practice in that subject in all Australia but was accepted as a model in at least three other countries.

### Work of Turner and Bancroft

Dr. Jefferis Turner co-operated with him in the campaign for clean milk through the Lady Chelmsford Milk Institute, and in a demand for anti-mosquito work, especially considering the danger of possible infection of our vast swarms of susceptible mosquitoes with the yellow fever of Africa and Central America; and the legacy of mosquito-borne filariasis from Oceania; and the costly dengue epidemics, from time to time.

T. L. Bancroft provided excellent information at that time about local fish that destroyed mosquito larvae (it was ignored for many years, the City Council then introducing **Gambusia affinis** ("millions") from the West Indies on the suggestion of a chance visitor while at least six equal or superior species were locally abundant!). Leprosy was brought under the control of the Commissioner: notifications of infectious disease were made obligatory on hospitals (which formerly had not notified them, thus greatly handicapping control). An (optional) Nurses Registration Board was set up in 1912; the educational propaganda was intensified by training courses for the identification and destruction of insects, etc., that were disease vectors; a "Sanitary Guide" was compiled and published, and special attention was given to eye diseases among children (and aboriginals) in the west and north of the State.

Finally, a special food staff was established to govern standards and labelling—the first and best in Australia—and, daring public opinion and ecclesiastical resistance, a service was provided for the free treatment of venereal diseases, based on deliberately drawn statutory provisions.

## State's "Pinchbeck Attitude"

But the last of the plague epidemics of the decade had been over for three years; the State Government demurred at the costs for work in remote areas, and for "risks that might never arise," and when Elkington expanded his preventive measures in the tropics by arranging an alternative voluntary service of vaccinated nurses, inspectors and other helpers available at call, the State terminated the quarantine agreement with the Commonwealth (in 1912).

From the first Elkington had struggled against this pinchbeck attitude; he had written:

> "The severely utilitarian and economic basis of Public Health administration is apt to be overlooked by those who regard the production of **actual revenue** as the only criterion of usefulness.
>
> "Its underlying purpose is the prevention and suppression of certain communicable diseases and certain conditions inimical to physical well-being. Each case of these diseases involves an avoidable, and unnecessary expense, and a more or less serious risk to life. In the aggregate they represent a heavy and unnecessary annual outlay. **The capital of the average worker is represented by his physical health and strength, and industrial development** largely depends on the human material available. Large epidemic disasters involve the temporary crippling or stoppage of commercial progress in the community affected, and, not infrequently, result in the permament diversion of trade and traffic. . . . Modern knowledge enables these risks to be guarded against and their evil effects to be cut short or abolished if the means are provided. Against the great majority we can apply precise measures of prevention and suppression. No longer do we tear up drains as a first measure towards discovering the cause of diphtheria or typhoid fever, or **seek to explain consumption or malaria by bland generalities about 'climate'."**

## A Difficult Decision

He now faced a difficult decision. Some years before he had had an opportunity to accept the control of the embryo Commonwealth Sub-department of Quarantine, but had recommended, as previously mentioned, that it be placed under Dr. J. H. L. Cumpston with whom he had maintained an increasingly close co-operation.

Both had become convinced that health must become a national responsibility except for the routine care of the sick, and that this involved a battle from the ground up, on two fronts—the white man's adaptability to permanent colonisation of the tropics; and the organisation of public health on a nationwide basis.

Elkington had also written:

> "Disease is not to be **explained or legislated away**; it has no respect for geographical nor statutory boundaries, and it usually gives no warning of its onslaught. Its successful prevention and control is a highly technical process which carries responsibilities of life and death."

At the end of 1913, he resigned and took service under Cumpston. In his final report he wrote:

> "The policy of the Department has been directed towards laying a sound foundation on which there may be erected an enduring sanitary superstructure. Modern public health work is developing rapidly along assured and well-tried lines, but knowledge of these developments has not yet reached the general public. The old empirical 'clean up' policy no longer holds its former place as the first and vital step towards sanitary safety, but it will apparently be a long time before it becomes generally recognised that the function of a Department of Public Health or Local Authority is not that of abolishing stinks, clearing choked drains, removing dead animals, and cleaning up backyards. These measures are highly desirable, if only as conditions antecedent to ordinary civilised comfort, but they do not require skilled sanitarians for their performance. . . ."

He set out then in succinct paragraphs the objectives to be pursued and concluded (referring to his amended **Health Act**):

> "The requisite powers are now available in Queensland for coping successfully with the problem of communicable disease. Success or failure will depend upon the executive agencies provided, and upon the response of the people to State and local effort."

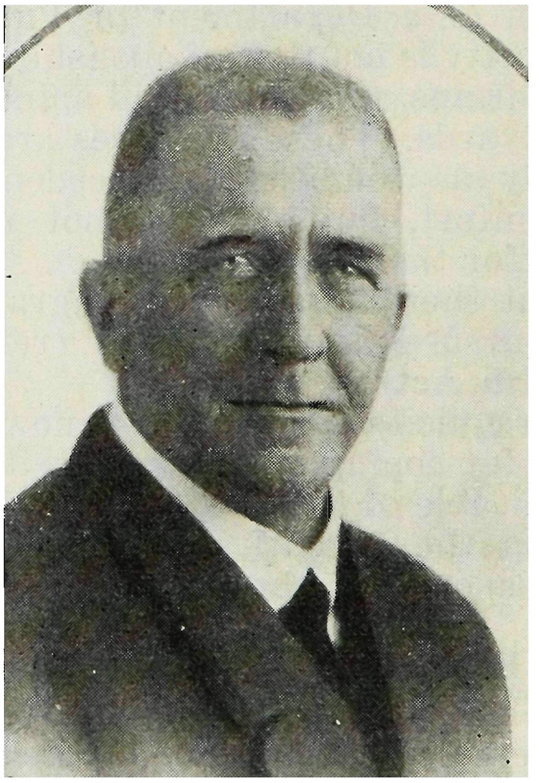
## Elkington's Plan Followed

It is the best tribute to his ability and foresight that for 20 years his successors in the office of Commissioner of Public Health (Dr. J. I. Moore, later Dr. J. Coffey) continued to follow the plan he laid down, handicapped by the gradual growth of piecemeal health

responsibilities under eight separate administrative State departments.

Queensland's essential problems (except for domestic routine procedures) had become merged with those of the Commonwealth which, significantly enough, were evidencing the usual trend from federation of autonomous units to unitary (central) control. "Federal" institutions became **"Australian"** or **"National"** institutions from the Federal Capital Territory (Australian Capital Territory) to the Federal Health Council (the National Health and Medical Research Council) over the next two decades.

The first victory in this contest was won in 1920, following the 1914-18 war (which introduced numbers of Australian medical men for the first time to tropical diseases in German New Guinea, and in Mesopotamia, Arabia and Egypt) and, following also the influenza epidemic of 1918/19, which took a greater number of lives than that world war had demanded—among others it had decimated some island populations in Oceania, where now we had commitments in Papua and the mandated "Territory of New Guinea" which demanded public recognition and definition.



DR. J. S. C. ELKINGTON
Commissioner of Public Health, Queensland, 1910-1913. First Director, Division of Tropical Hygiene, Commonwealth Department of Health.

## Commonwealth Takes Over Institute

When Elkington transferred from State to Commonwealth at the end of 1913, he had determined to take with him, if possible, the Institute of Tropical Medicine at Townsville (which, too, was dying for lack of funds), and succeeded soon after in securing control by the Commonwealth by undertaking financial responsibility.

By 1920 medical opinion had been mobilised; a **cadre** of young administrative officials was emerging by selection; Breinl, Sundstroem and others had investigated many of the physiological reactions of white men to tropical living conditions; excellent original work had been done on mosquitoes and other disease vectors; a hookworm campaign was beginning and was later to include malaria and filariasis and to extend to the Territories of Papua and New Guinea; and vital statistics were being analysed to **support, by actual figures, the claim that the white race could colonise the tropics of Australia without loss of longevity, mentality, fertility, health or physique.**

At the Australasian Medical Congress of 1920 **a resolution applauding and affirming the claim was overwhelmingly carried.** Their opinion, moreover, was reinforced by one established on the basis of cold cash and not influenced by prejudices or philosophies. The Chief Actuary of the Australian Mutual Provident Society (C. A. Elliott) after careful consideration of records over many years, stated:

> "I have no hesitation in saying, that as far as we know at present, **there is no need for life assurance offices to treat proponents who live in north Queensland differently** from proponents who live in other parts of Australia."

## Expansion of Commonwealth Activities

These representations and the sudden outbreak again in 1922 of plague in Queensland, and various delays and disabilities that had occurred during the influenza pandemic, all contributed to an attitude of mind that Cumpston and Elkington skilfully implemented to expand Commonwealth activities beyond the miniscule role of **"Quarantine"** (S.51 of the Constitution) to include unofficial responsibilities for medical or health problems **"involving more than one State,"** and to claim successfully full departmental status as a

**Commonwealth Department of Health**—with **Cumpston** as its Director-General, and with **Elkington** as Chief Quarantine Officer (General) for the North-East Division (Queensland and the Northern Territory) and later also as Director, Division of Tropical Hygiene for the Commonwealth.

Back to back they had fought and attained their first objectives. It is obvious, however, that men fighting back to back face opposite ways and concentrate their energies against different opponents. **So it was in this case**: Elkington viewed Queensland, Northern Australia, and New Guinea as our testing ground, **convinced that unless we could colonise them** and **develop their potentialities, their invasion from Indonesia or Asia,** or **both, by arms, or—even more dangerously—by epidemic germs was, sooner or later, inevitable.**

Cumpston faced south, slightly contemptuous of the north, **with a typically Melbournian prejudice against tropical settlement, and the conviction that any threat from Asia was fantastically remote, or readily neutralised, and that, in any case the best defence of the north was to leave it empty.**

### Commonwealth Supremacy In Health Services

He directed his great personal ability and organising capacity to gaining for the Commonwealth a supremacy in public health against the States—not, as he said to me years later, for some potential white race in the tropics of the "neglected North" in 50 years, but among the 90 per cent of the population already established for several generations in the "developed South."

It was my privilege in 1922 after service in "German New Guinea" and in Malaya, to be one of Elkington's appointees, and, in that year, I was instructed to reorganise the **Australian Institute of Tropical Medicine** (from which Breinl had retired in 1920 after 10 excellent years of original research). I suggested an **Inland and Island Tropical Medical Service** and he incorporated it in his plans eagerly.

There were piecemeal services with poor amenities, few opportunities for promotion, much isolation and steady loss of professional acumen (by disuse of skills) in western Queensland, northern Queensland; the Northern Territory; the Territory of Papua; the Mandated Territory of New Guinea; the British Solomon Is. Protectorate; and the condominium of the New Hebrides.

## Elkington's Plans and Hopes

It was suggested that if all these were combined by consent (beginning perhaps with those under Australian control—including Norfolk Is.) that an efficient service, with attractive diversity and senior opportunities, great research possibilities and great strategic value might be built up. There was already a plan for research laboratories in Queensland at Cairns, Rockhampton and Toowoomba, to reinforce Townsville. Why not also at Darwin, Port Moresby, Rabaul, Tulagi, and Vila?

And why not a development of the "flying doctor" service pioneered by Dr. A. Michod and Dr. C. V. Watson-Brown in the far west, which was linking up with the nurses of the Australian Inland Mission to provide some service at least, to outback pioneers?

And why not a linkage with the School for Native Medical Practitioners at Suva, Fiji? Flushed with the success of the Medical Congress of 1920, Elkington confidently returned to his programme for the **"medical conquest"** of the Australian tropics, with Queensland as the effective base for the campaign and the **Australian Institute of Tropical Medicine at Townsville** as its centre.

## A "Less Than Cool" Reception

To his dismay, he found Cumpston less than cool to any expanded scheme either for the "empty north" or for the island chain that is Australia's defence perimeter towards the Pacific Ocean. It had only been with great difficulty that he had secured consent to the reorganisation of the Institute at Townsville in 1922 on Elkington's three main lines of policy. They were: (a) medical and sociological research for disease prevention and control, and investigation of all factors affecting life in the tropics—environment, work, diet, infant feeding, child welfare and "kitchen neurasthenia;" (b) the provision of routine laboratory facilities to assist general medical practitioners in diagnosis; and treatment by sera, etc; and (c) the provision (with the assistance of southern Universities which could provide part I of the course) of facilities to acquire, after examination, an **Australian "diploma in tropical medicine and hygiene."**

## The Main Objective

He was instructed that the laboratory facilities were to be the main and immediate objective, with standard units established at Cairns and Rockhampton in the tropics (and also at Toowoomba). The joint programme for hookworm research which had been established with the State and with the Rockefeller Institute of New York was now centred also on Townsville.

**The diploma course remained a pipe-dream:** the southern Universities were not interested and, to my knowledge two medical graduates who applied to Sydney University to do "Part I" were informed that there were no arrangements available, but that they could if they desired, attend the lectures in preventive medicine for fourth year medical undergraduates, which were few, elementary and perfunctory (and which of course they had attended prior to graduation!) So far as I know only one person (in eight years) persevered in the face of this frosty (and futile) proposal.

## Opportunity for First Venture

In contrast with this half-hearted alternative, opportunity came at once and by chance, for a first venture along the line of the proposal for **an Inland and Island Tropical Medical Service** (still unofficial and still confined to conversations and private letters).

German New Guinea had passed to Australia as the **"Mandated Territory of New Guinea"** in 1921 and its medical services were so severely criticised by the League of Nations, that its Director resigned and a review and reorganisation were called for. After approval by Elkington, I offered to report upon the situation late in 1923.

Following the report I was seconded to the post of **Director of Public Health** for **the Mandated Territory** (which I occupied until early 1928) to implement it, and this was done with high hopes that it might be the forerunner to a wider co-operation.

## Promising First Steps

In Fiji, Dr. S. M. Lambert, of the Rockefeller Foundation of New York, who had gone there after several years' work in Queensland and New Guinea on hookworm, persuaded the Governor and the High

Commission for the Western Pacific energetically to expand the training facilities there for native medical practitioners; in Queensland, W. J. Gall, Under-Secretary of the Home Secretary's Department, turned a benevolent eye upon the outback but could promise no money for an inland service; in the Mandated Territory itself the duplicated medical services of the Administration and the Expropriation Board for former German properties (which were roughly equal in size and expenditure and quite separate) were fused by consent; a Commonwealth Health Laboratory was established as a joint enterprise, and correlation with the "master-plan" proceeded smoothly.

### No Result Achieved

In 1926 it was felt that a conference representative of all the powers with interests in the Western Pacific, might be held in Sydney including as well as Australian interests representatives of New Zealand; Samoa; the Philippines; Dutch East Indies; the Malay States and Straits Settlements; France; Japan, Great Britain and the League of Nations. Friendly and co-operative, it provided an excellent basis for the proposals for the Inland and Island Tropical Medical Service (still unofficial) **but nothing resulted during the next two years — it seemed that nothing was intended to result.**

### Elkington Resigns

**For the first time Elkington realised that his objective was considered visionary.** Moreover, the first bleak winds that heralded the great economic depression of 1929-1934 were already obvious to keen observers and, in 1928 he resigned at the age of 57.

The liquidation of the tropical programme based on the Institute at Townsville began immediately after his resignation. Cumpston, as a Victorian, had never fully endorsed the claim that tropical settlement was essential to Australia's safety, nor did he share our view that sooner or later, our footing in our tropics and our inland perimeter would be challenged.

When he and Elkington had stood back to back in the early days against conservative or suspicious officials, politicians and others, Elkington had faced north towards the threat of the multiplying millions of Asia and Indonesia and dedicated himself to the

cause of the white people who might colonise our northern areas and our island groups; Cumpston had faced south towards that 90% of the white population who already did live south of the "Brisbane line" from Nambour in Queensland to Port Augusta in South Australia and saw his opponents as the State medical services, charged with the domestic problem of public health and medical care, within which the Constitution gave the Commonwealth no foothold.

### An Obvious Choice

To capture an essential initiative in Victoria, South Australia, and New South Wales, at a time of increasing gravity economically, it was necessary to gain support in those States that was weighty enough to offset their local Departments of Health and, if the economic crisis demanded sacrifice, to sacrifice those activities that had least appeal to the greatest proportion of the Australian public. The choice was obvious: the Universities with medical schools **(Queensland and Western Australia had none)** and the branches of the British Medical Association in the three mainland States of our South East corner, were able to provide formidable bodies of opinion **favouring Commonwealth intervention in the health field,** if their support could be won; **and the tropical activities based on Queensland were remote enough to be sacrificed without loss of security.**

### Trend to Unitary Commonwealth

The political climate moreover was favourable. **The Statute of Westminster** (1926) offered Australia independent national status; Canberra as national capital, and the economic crisis with the need for a single financial and fiscal policy, assisted the trend towards a unitary Commonwealth rather than a Federal assemblage of States—the slogan was no longer "New States" but "No States." The separate State branches of the B.M.A. were equally impressed by the need for closer contact and ultimate unity.

**Dr. F. S. Hone** in South Australia and **Dr. (later Sir) J. Newman Morris** (Dr. Cumpston's cousin) in Victoria won the support of those States for him; New South Wales with its head office was less responsive and was more approachable through its University. It was announced immediately after Elkington's resigna-

tion, that the Commonwealth would build a **School of Public Health** within the grounds of Sydney University, and it was soon apparent that the **Australian Institute of Tropical Medicine at Townsville, its library, its resources, its staff and its activities would be absorbed within it.** The transfer was effected in February 1930.

## Promises Not Honoured

A late outcry in Queensland was stifled by an assurance that only the "teaching side" would be removed, since Townsville was too remote, and there was no medical faculty at the University of Queensland; and that all other activities would be maintained and extended.

It is axiomatic in public life that departmental security is best based on a building that bespeaks its purpose: there was no longer any such basic point in the Australian tropics **and no part of those promises was ever honoured.**

The liquidation of the tropical programme proceeded apace: participation by the Commonwealth in the hookworm, malarial and filarial surveys (1919-1932) ceased; direct relationship with the Mandated Territory of New Guinea, and the Territory of Papua was terminated; the laboratory and research units established there were dissociated from their Queensland counterparts and transferred to the Administration as local and not joint enterprises; the question of the Inland and Island Tropical Medical Service to merge the fragmentary services of the island groups died of inanition.

## The Flying Doctor Service

**The "Flying Doctor" service,** which had seized the interest of Dr. Newman Morris was energetically advanced by him in Victoria and, to his great credit and that of many public-spirited people in all States, was expanded to become under **"Flynn of the Inland"** (its dedicated pioneer) a project embracing all outback Australia. With radio and the refrigerator it has perhaps made the third of the great factors neutralising "kitchen neurasthenia"—it was isolation that provoked it and helped to stultify settlement in the early decades of the century.

Queensland had been unable to finance the Flying

Doctor service from its own resources. Under its third and fourth Commissioners of Public Health **(Dr. J. I. Moore; and Dr. J. Coffey)** its available vote was almost inadequate to maintain its domestic services, and the expansion they won, inch by inch, in the growing field of social welfare over the years, is a great tribute to their indefatigable persistence and resilience.

### Queensland's Unique Problem

**In the field of tropical medicine, however, Queensland's unique problem, the third phase was finished.** Just as the depression of 1888-1893 had terminated the second phase, that of 1929-1934 had closed the third, but on this occasion it was even more obvious that the invisible but inexorable factor was economic and that there would be no progress in the problem unless it claimed the support of the south-east corner under the spur of emergency and expediency.

These were both to characterise the fourth and present phase. In 1933, however, protests from Queensland, from the State, the papers, and the Commonwealth Division of Tropical Hygiene (in which I had succeeded Elkington) only worsened matters, and, late that year the **Division of Tropical Hygiene was transferred to Canberra and to a sort of cataleptic obscurity.**

### Fourth Phase—the International Phase (1935- ——)

In the short run, the strategy of consolidation in the South-East corner at the expense of the North paid handsome dividends. With the support of the academic and organised medical moieties Cumpston was able in 1936 to replace the **Federal Health Council** (upon which the States considering their constitutional responsibility for health, had, as was fitting, a majority of representatives), by a **National Health and Medical Research Council of Australia** in which the balance was reversed by adding two more representatives of the Commonwealth, representatives also of the British Medical Association (Federal Office), the Royal College of Physicians; the Royal College of Surgeons; and two "representative laymen" nominated by the Commonwealth.

Two men in Queensland had noted with keen interest and concern the elimination of this State and of tropical medicine from the major health programme

and the withdrawal of Commonwealth funds from its joint activities. They were **W. Forgan Smith,** the Premier, who had swept the polls recently against the Moore Government, and his Home Secretary, **E. M. Hanlon** (later to be also Premier of Queensland).

Recognising that the State's medico-social losses displayed, in fact, the **Cinderella status** of its health services, Hanlon secured approval for **a complete reorganisation of all the fragmented health and hospital services of the State** and on September 29, 1934, (Elkington's 63rd birthday) I transferred, at his prompting, from Commonwealth to State as Hanlon's **first Director-General of Health and Medical Services,** and, with a mandate to correlate all those activities to permit them to be the major function of a new "Ministry of Health and Home Affairs."

## Reorganisation

Within the next five years **the whole status of professional practice and medical obligation was covered by a new Medical Act; hospitals were reorganised, graded and grouped under Hospital Boards** so that all areas were served; **base hospitals** were nominate to centralise facilities **in the 11 major areas** into which the State was divided, with future provision for mobile specialist facilities; a basis for their financing, provided to the Under Secretary, C. E. Chuter largely by R. H. Robinson (his successor in due course) not only **consolidated** but **controlled** their budgets and **(without the necessity of rattling a cup of pennies or for "button day" begging)** rendered this **the only solvent State hospital scheme in Australia.**

On the principle that no one in need of it should be refused medical aid, **free hospitalisation in all public hospitals was extended**—a constant struggle continues to replace it by an increasing proportion of "intermediate" beds serviced not by hospital staffs but by private medical practitioners.

The **obsolescent system of "honoraries"** in hospitals was replaced by **elected senior and junior appointees paid on a seasonal basis,** a Register for Specialists was established; large general and maternity hospitals replaced many unsatisfactory private hospitals for these purposes which closed when new regulations insisted on their providing services they professed to

provide but did not; **and the separate health services, split up among eight Ministers, were merged where possible and politic.**

### Weil's Disease Outbreak

An outbreak of Weil's disease in the canefields of North Queensland in 1934/35 not only enlisted **Drs. J. Morrissey of Ingham, T. Cotter of Innisfail, L. Halberstadter of Townsville, H. Taylor (now of Mackay)** and many others, but led to the extension of the laboratory services at the head office in Brisbane where **Dr. E. H. Derrick** (appointed in 1935) now undertook much of the former programme of the **Australian Institute of Tropical Medicine,** brilliantly investigated the undiagnosed fevers lumped as **"coastal fever"** and **identified** among them (apart from sporadic cases of malaria, filariasis and glandular fever) a new entity: "Q" fever — now internationally recognised — and various other **leptospiroses, rickettsias,** etc. This work was of vital value during World War II.

It resulted in 1944 in approval for a **Queensland Institute of Medical Research,** which has continued to do excellent work since it opened shortly afterwards. A **Queensland Radium Institute** to which transport from any part of the State (like treatment) was free, was also founded and led the way in much work on cancer, and especially on skin cancer (in which Queensland's figures are the highest in the world, owing to skin exposure to sunlight).

### Medical School Founded

The last, but perhaps the most important of all the advances, was the approval of the addition to the University, in 1937, of a **Medical School.** It was approved by Premier Forgan Smith (together with a **Veterinary Science School**), on condition that both should devote particular attention to tropical diseases of men and animals and medico-social aspects of the former as a separate and specific study and a justification for their establishment. The fact that without a medical faculty the study of medicine was restricted largely to the sons of men rich enough to send them to Sydney, Melbourne or Adelaide to gain their degrees, also carried great weight in his decision.

For some years the obligation mentioned was observed and Queensland maintained a **Professorship in**

**Social and Tropical Medicine** which antedated the first Professorships in Social Medicine not only elsewhere in Australia but also in England and Scotland. Subsequently the tropical aspect was merged again with the general subject of Medicine and lost its identity, but it contributed valuably to the training of men required in 1941 for service when the Japanese brought their **"blitzkrieg"** to New Guinea and within striking distance of our tropical coasts from Broome and Darwin to Townsville.

These events are too recent however to permit detailed analysis and must be painted with a large brush in a few strokes.

## War Revolutionises Medicine

The war, in fact, revolutionised medicine in Australia and its aftermath affected the trend of all world thought towards "social welfare." In Queensland the success of the reform of the hospital system and the provision of medical care led to proposals for a similar scheme for all Australia—commencing with the outback which is so poorly provided at present. (At the moment, there are towns in outback Queensland, even large towns, without any resident medical practitioners, while the cities are lucrative fields for their activity and tend to be over-supplied).

The **Inland and Island Tropical Medical Services** were thought dead—killed by Canberra—but, in fact, recent references in the published history of the war indicate they, together with the Queensland reforms, were made the subject of secret referral to the planning committees that studied measures for action necessary should Australia be attacked.

In 1941, at the July, September and November meetings of the National Health and Medical Research Council proposals to organise medical care were placed before the members, and these were extended the following year.

They were, in part, violently opposed later however, by the B.M.A. from its Federal office which also viewed measures for medical insurance under government direction as the sword of Damocles. The menace of invasion had necessitated the conscription of medical practitioners (and indeed medical undergraduates) and in each State control was introduced on a basis

already put forward by Queensland, but with one vital difference—the directors of the health services of each State were not placed in charge of the State Committees of Control set up (which were responsible to the Commonwealth). That position was accorded to the officer who at that time adventitiously was president of each (local) State branch of the B.M.A.

### The Monolithic Concept

This deliberate side-stepping of the State authorities was directly in line with the **monolithic concept of a unitary Commonwealth** adopted by the Government in power; it corresponded with the B.M.A.'s own desire for a strong, unitary Australia-wide body of organised medicine; and it led to the acceptance of that section of the Referendum of 1946 that, after 35 years of dedicated struggle, gave the Commonwealth constitutional backing for the position it had completely captured by its policy of gradualism during that period.

While Cumpston won one of the greatest personal victories in our political history, the B.M.A. defeated his Prime Minister Ben Chifley. His Bill for a **virtual nationalisation of the profession** was challenged, and he lost, and the B.M.A. with a sense of deep satisfaction saw it written that, in effect, there could and should be **no conscription of medical men** except in time of war and for purposes properly specified. **But international trends might well make this a Pyrrhic victory.**

### Post-War World and Social Welfare

The post-war world is riding a tidal wave of undiscriminating sentiment for **"Social Welfare."** This involves inevitably increasing measures of governmental intervention, and there are already clear evidences of a developing conviction among politicians all over the world that doctors must follow the other professions that were once free agents and are now State controlled and/or salaried: teachers, judges, bishops and churchmen, soldiers, sailors, and airmen, and so on. Free services in industry and concessional services to insured persons and aged, sick, or repatriated soldier pensioners; National Health Service provisions and Pharmaceutical Benefits Acts on the one hand point up the increasing pressure, while the medi-

cal defences are crumbling by the fragmentation of medical care by specialisation, the loss of chemistry, dentistry, and such particular studies, the part loss of dietetics and midwifery and the increasing acceptance, to the detriment of the medical practitioner, of numbers of auxiliary "services," the exponents of which are all sapping the foundations of his unique status as they rise in stature round them.

In the United States of America, that forcing ground of faddists, **Health, Education, and Welfare are already merged within one Ministry, with the medical graduate a minor fragment among more vivid members of the modern social mosaic.**

In an international atmosphere dominated by the "population explosion" the vital problem of the next fifty years is **bio-technology**—the selective control in quality and quantity of mankind. But this is another long story.

## Problem of Fragmentation

Is it any wonder, however, that as I write, President Kennedy of U.S.A. has "gone over the heads of the American Medical Association to appeal directly to doctors to support his legislation for the medical care of the aged"; or that 600 doctors in the Canadian province of Saskatchewan are striking against some of the provisions of an all-inclusive nationalisation of medicine; or that in his presidential address to the first Annual General Meeting of the Australian Medical Association on May 19, 1962, **Dr. H. C. Colville** said that the first principle of its policy should be to solve the problem of fragmentation in the profession and declared that the **A.M.A. would oppose** any system for medical care" based universally on **capitation or salaried remuneration"** because it lowered the standards of medical practice; while **Dr. C. O. F. Rieger,** the President of the first Australian Medical Congress, which met two days later (May 21, 1962) after discussing specialism, and the financing of hospitals, stressed the need for taking stock of the whole range of "health protection services, including social services." He called for a broad survey by a committee of the Australian Medical Association of the health services of the country with the idea of producing plans for their co-ordination. Though "some might say that this was

a job for the Government, he felt that the Association had a duty to the community in that respect."

**It is a timely statement.**

**"Altruistic Workable Medical Plan"**

In May, 1941, in an address at Canberra on "The Future of Medical Care," I myself, said:

> "Unless medical men can sufficiently demonstrate their sincerity and their ability to advise the Government . . . by providing an **altruistic workable medical plan,** there is no doubt that a lay scheme of medical care and control will be imposed upon them and upon the public. From lack of specialised information such a lay scheme might include **some imperfections, some lack of balance, and some lack of justice."**

And in **"Blue Print for the Health of a Nation,"** published in 1944 (in which the above is quoted) I added (p. 12):

> "Postponement of active co-operation in respect of the medical needs of the people and the economics of medical care, will not postpone the issue: it **may merely precipitate direct action** from outside forces, antagonised by (what will appear to them) **professional aloofness or intransigeance.** The suggestion that an expedient adjustment to the menacing demands of any moment can be made at that moment, shows a lack of historical perception; the pattern of any moment is not accidental—it is the product of recognisable forces interacting over a long time."

It is twenty-one years since the first quotation was voiced at Canberra. If it has come of age, as Dr. Rieger's remarks suggest, the present may well be the phase within which local, national, and international factors may be co-ordinated to produce **an ideal medical pattern** for tomorrow, in the interests of the government, the public, and the medical profession, all three equally and legitimately involved in the problem of medical care.

A large audience of members and visitors listened with keen interest and appreciation to the President's paper.

The Senior Vice-President, Mr. Arthur Laurie, opening the discussion as Chairman, recalled his association with the late Dr. J. S. C. Elkington and the late Dr. A. C. F. Halford, who was for many years a mem-

ber of the Water Supply and Sewerage Board before its absorption by the Brisbane City Council. Mr. Laurie, who was then an alderman in the Brisbane City Council, recalled that in those days many people were chary of having sewerage systems installed because of the cost involved, arguing that they had done without it so long that they might as well continue to be without it! Dr. Elkington, who had retired from active medical practice for some years when the Second World War broke out, was called into service again in a medical capacity with the wartime organisation known as the Allied Works Council, and he (Mr. Laurie) had come frequently in contact with him. Mr. Laurie asked Mr. T. J. McCarthy to move a vote of thanks and appreciation to Sir Raphael Cilento for his masterly address.

Mr. McCarthy, in his remarks, expressed the thanks of the audience to Sir Raphael for his profound and scholarly address. He was supported by Mr. J. W. Collinson, who recalled the days of the 'eighties in Cairns, when malaria was very prevalent there, and some of the pioneer medicos of that district. The term "miasma" covered a number of tropical diseases which were then rampant in the Innisfail and Mourilyan districts. Very little was then known about the disease-carrying Anopheles mosquito. The President had compressed in his vividly informative address the remarkable progress that had been made in Queensland medicine, and particularly the notable development in the preventive treatment of tropical diseases, in which the President himself had played such an important part.

The motion was carried by acclamation.